

spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		; 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
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		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	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT < 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 than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< 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
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt also took muscle relaxers, and others; This study is being ordered for Congenital Anomaly.; R/O aneurysm; There has been treatment or conservative therapy.; Pt suffers with headaches, tremor of upper extremities and pain in neck and with an abnormal MRI; Follow up visits and MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; 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	70544 Magnetic resonance angiography, head; without contrast material(s)		PATIENT HAS A 2ND ANEURYSM IN THE LEFT EYE THAT NEEDS TO BE MONITORED AT LEAST ONCE A YEAR; This study is being ordered for Vascular Disease.; 09/26/2014; There has been treatment or conservative therapy.; bilateral ICA aneurysms, s/p pipeline embolization of the right sup. Hypophyseal aneurysm and stable 2 mm pcomm segment aneurysm. NO NEW COMPLAINTS; SURGERY IN 2014 HAD EVD placed in hospital for IVH and hydrocephalus. PLACED ON 325MG ASPIRIN 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
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.	2
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Memory loss. Reported episode of 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 is being ordered.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		scheduled 4 month follow up.; 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 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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		< 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	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal bronchoscopy finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material			1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		< 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
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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 Computed tomography, maxillofacial area; without contrast material		story of Present illness: 1. sinus symptoms (acute)  Patient has been symptomatic 2 months ago. The symptoms are described as moderate. The symptoms have worsened. Symptom is aggravated by upper respiratory infection. Denies relieving factors. Associa; 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
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material			1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< 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 been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		suveillance of esophageal 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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		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	72131 Computed tomography, lumbar spine; without contrast material		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	3
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	5
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		"Feels like squeezing." She feels weak in the legs and arms. She feels electric zings that go through body. Used Mobic, Tramadol - ER has given her steroid shot she states and pills. Went to ER this past weekend. Got steroid shot and steroid pills. Ha; 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.; It is unknown if there is recent evidence of a thoracic spine fracture.	1

Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; This study is being ordered for Vascular Disease.; 6/11/2018; There has been treatment or conservative therapy.; tinnitus, headache, numbness over the treated scalp, spontaneous thrombosis of the malformation; scalp AVF embolization / occlusion of the fistula / early recanalization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)		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 not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Advanced Practice Registered Nurse	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		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 not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for Vascular Disease.; 6/11/2018; There has been treatment or conservative therapy.; tinnitus, headache, numbness over the treated scalp, spontaneous thrombosis of the malformation; scalp AVF embolization / occlusion of the fistula / early recanalization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		dizziness, double vision after heavy picture fallen on her head, left sided weakness, s/s happened after ER; CT in ER done.; 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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PATIENT HAS A 2ND ANEURYSM IN THE LEFT EYE THAT NEEDS TO BE MONITORED AT LEAST ONCE A YEAR; This study is being ordered for Vascular Disease.; 09/26/2014; There has been treatment or conservative therapy.; bilateral ICA aneurysms, s/p pipeline embolization of the right sup. Hypophyseal aneurysm and stable 2 mm pcomm segment aneurysm. NO NEW COMPLAINTS; SURGERY IN 2014 HAD EVD placed in hospital for IVH and hydrocephalus. PLACED ON 325MG ASPIRIN 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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		She is also having frequent aura of a migraines. She has discussed this with Dr. Rosie and she states now it is more frequent. Pt knows she needs to see an eye doctor.  Both eyes have kaleidoscope migraine aura. 2 times a week. 10-15 mins. Takes Iupro; 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 NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  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 not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 follow-up to surgery or fracture within the last 6 months.; This is a 39 Y old male who returns with complaints of worsening midline thoracic back pain that radiates to the left ribcage. VAS 3/10. TTP Midline thoracic spine. Dr. Wendel has read the patient's Thoracic x-rays and noted what appears to be an age inde	1
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	5
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is needing to be performed in order to further this patient's care. They are in extreme pain and an MRI will show the provider more in depth information than the standard x-rays did; This study is 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 of 2017; It is not known if there has been any treatment or conservative therapy.; Back pain, inflammation, radiculopathy, cervicalgia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Had physical therapy/conservative, Prior abnormal xray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		has lower back pain on the left; 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	20
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 pain, back pain, radiculopathy neck left shoulder and arm, limited range of motion.; Pain medication, anti inflammatory, at home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		 Enter answer here - or Type In Unknown If No Info Given.  The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is not requested for shoulder pain.	1

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		none; 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
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		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 no 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	2
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material			1
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		< 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."; 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.; 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 Computed tomography, thorax; without contrast material		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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain, Instability	2
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	2
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Swelling greater than 3 days	1

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	2
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax, without contrast material		odule found on recent 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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax, without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax, without contrast material		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	2
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax, without contrast material		This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; 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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		⁢ Enter answer here - or Type in Unknown if No Info Given. >; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; This is a 60 Y old male who returns with complaints of worsening posterior cervical neck pain that radiates towards bilateral shoulders. VAS 3/10 increases with activity. He reports dropping objects as well as tingling in bilateral fingers; 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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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-union fracture); This is not a pre-operative study for planned surgery.	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	5
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		Left ureteral/kidney stones, enlarge lymph node, serve kidney infection, patient has UTI's constantly. Follow up from previous CT done, recommend by the radiologist to have another CT done within 3 months.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Kidney; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		Mono, concerned for spleen. Test is to ensure spleen is not ruptured or enlarged; This study is being ordered for Inflammatory/ Infectious Disease.; 07/31/2018; There has not been any treatment or conservative therapy.; Mono, concerned for spleen. Test is to ensure spleen is not ruptured or enlarged; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 has had recent fall and complains of headaches	1
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		& 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 motions, weakness when there is 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		& 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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.; patella reflexes 1+ right / 2+ on left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		Seen in ER on 6-25-18 for RUQ pain, Gallbladder US normal , fatty liver WCBS normal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		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 Computed tomography, abdomen; without contrast material		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	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		& 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		Had colon surgery in the past.; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		mass felt; This is a request for an abdomen-pelvis CT combination.; This study is being 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		left sided lower back/hip pain. This has been going on for many years and had a fusion at L5-S1 for right sided pain. He has been having pain off and on since surgery but worsened in May 2017; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; may 2017; There has been treatment or conservative therapy.; left sided lower back/hip pain, left lateral leg pain with numbness and tingling.; received cervical steroid shots, Physical therapy was done at home, left SI joint injections x3; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient complains of chronic low back pain with radiculopathy into bilateral lower extremities, muscle cramps in bilateral lower extremities nightly, has been referred to rheumatology for evaluation as well - no appointment scheduled yet, is in review wit; 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient had MRI of right hip performed on 2/19/2018 - which showed a high grade partial tear of the right gluteus medius tendon. She was referred to Orthopedics at this time where he injected steroids into the hip per patient statement. She was sent to ; This study is being ordered for a neurological disorder.; 2/9/2018; There has been treatment or conservative therapy.; low back with radiation into bilateral hips, right hip/leg numbness and weakness, unsteadiness on feet.; patient went to physical therapy for 6 weeks without improvement, is taking pain medications and injections into low back through pain management, also taking Cymbalta.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		spurring in lower lumbar and new acute fracture; 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 lower limbs.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? nausea, abdominal distention, hypoactive bowel sounds and diarrhea. History of stricture at terminal ileum. Reason for Study: presents with nausea, abdominal distention, hypoactive bowel sounds and diarrhea.K50.018 Crohn's disease of small intestine.; 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	3
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a facet joint injection.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	7
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	3
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	6
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; unknown; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; 06/12/2018; There has been treatment or conservative therapy.; acute low back pain, sciatica.; 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	73200 Computed tomography, upper extremity, without contrast material		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
Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Likeliness biceps tendon rupture. Mmbr is in a sling until MRI.; This study is being ordered for trauma or injury.; July 4, 2018 Picked up tire and felt a pop.; There has not been any treatment or conservative therapy.; Pt has pain and worse with movement. Tingling and numbness. Upper arm swollen and bruise. Pain worst with movement.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Likelihood biceps tendon rupture. Mmbr is in a sling until MRI; This study is being ordered for trauma or injury.; July 4, 2018 Picked up tire and felt a pop.; There has not been any treatment or conservative therapy.; Pt has pain and worse with movement. Tingling and numbness. Upper arm swollen and bruise. Pain worst with movement.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator cuff tear she fell onto outstretched arm on 7/4, unable to lift arm. xray negative. Failed NSAIDS and narcotic pain medication	1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Trauma to shoulder	1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 in shoulder barely can lift arm.	1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		X-ray on 8/1/18 and it came back normal; 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	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		K80.00 Cholelithiasis and acute cholecystitis without obstruction,Nausea and vomiting before arriving to her appointment.cholelithiasis with a dilated common bile duct. Common bile duct measured 6.9mm previously, currently measures 11mm. Limited abdomina; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1

Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN 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.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	NEUROLOGIC EXAM: Alert/Oriented x 3 with clear fluent speech; however delayed response. Memory is normal and thought process is intact. Visual fields normal in all quadrants. P 2+ ERRA, EDMI intact without ptosis. Facial sensation intact. Face symmetrical; 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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT; Known or suspected TIA (stroke) with documented new or changing neurologic signs and/or symptoms best describes the reason that I have requested this test; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 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
Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT; This study is being ordered for sinusitis; The patient is NOT immunocompromised; 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
Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient was bitten by a tick on 6/29/2018. Patient has been having severe neck pain radiating to her back. C/D photophobia and headaches. Patient has failed flexeril; "This is a request for orbit, face, or neck soft tissue MRI.Z39.8"; The reason for the study is not For trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		unknown; 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	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury.No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 completed.; The lab results were normal; The patient is experiencing fatigue or malaise. blacking out; This request is for a Brain MRI; The study is 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
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	c/o nocturnal headaches wake him up, dizziness, worsen during activity, occurs diathoresis; This request is for a Brain MRI; The study is being requested for evaluation of a headache; This headache is not described as sudden, severe or chronic recurring; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	S/P fluid on brain; 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
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	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	1
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; 7/1/2017; There has been treatment or conservative therapy.; chest pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	3
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Three views were performed. There is no acute fracture or dislocation. Patella is normally placed in the groove. A 2-cm ovoid density about the posterolateral distal femoral diaphysis has a narrowed zone of transition. There is a small j; Suspicious Mass or Suspected Tumor/ Metastasis	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	74150 Computed tomography, abdomen; without contrast material		< 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, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		1. Thoracic back pain, unspecified back pain laterality, unspecified chronicity - M54.6  2. Chronic constipation - K59.09  3. Mucoid diarrhea - K52.9  4. Abdominal pain, unspecified abdominal location - R10.9; 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
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; 'None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Shortest of breathe and left rib pain pt complains of pain and will follow up from here; 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
Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	thoracic pain radiating across spine to her ribs; She reports new onset of worsening weakness in BLE; 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
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; < Enter Additional Clinical Information>	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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.; Did an x-ray of cervical spine of oblique's, c5,c6. Also taking Medrol 4ml dose pack this is her second round of steroids. Diclofenac 75ml..	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; This patient had an xray done at JPMC on 06/08/2018, which was abnormal and recommended an MRI to follow up.	1

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Pt had cervical surgery 20 years ago w a titanium plate.	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; radiating pain 3 weeks ago flexion extension on rotation. muscle relaxers no improvement; No, the patient does not have new or changing neurological signs or symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is needing to be performed in order to further this patient's care. They are in extreme pain and an MRI will show the provider more in depth information than the standard x-rays did; This study is 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 of 2017; It is not known if there has been any treatment or conservative therapy.; Back pain, inflammation, radiculopathy, cervicalgia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology (unknown); This study is being ordered for a neurological disorder.; SEVERAL MONTHS; There has been treatment or conservative therapy.; pt. having headaches in the back of the head and swelling; Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; neck pain, back pain, radiculopathy neck left shoulder and arm, limited range of motion.; Pain medication, anti inflammatory, at home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 5/2018; There has not been any treatment or conservative therapy.; chronic back pain-degenerative disk disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for a thoracic 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.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; SEVERAL MONTHS; There has been treatment or conservative therapy.; pt. having headaches in the back of the head and swelling; Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 06/12/2018; There has been treatment or conservative therapy.; acute low back pain, sciatica.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 foot drop.; There is not x-ray evidence of a recent lumbar fracture.; lower spine	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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; muscle aches and spasms, swelling; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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, Aspirin	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 NOT had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 8/3/18; There has been treatment or conservative therapy.; 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
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		constant pain left side abdomen area plain films normal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		Dr. could feel mass on exam; 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.; 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
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		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
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		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
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Abnormal findings on diagnostic imaging of other abdominal regions, including retro peritoneum. Also there is a pelvic lesion.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 IS FALLING MORE, FELL THROUGH A WINDOW BECAUSE OF PAIN AND WEAKNESS; He is complaining of severe pain in his left leg posteriorly to the left foot with associated weakness that is worse with moving around, working, and lifting heavy boxes. His is n, The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	continued 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 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.; lircia , gabapentin, muloxican , injections, trilliam LOW BACK PAIN TAKING ORAL TABLETS NUMBNESS / 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.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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.; Depo/medro; 80mm, 1ml Norco 5mm - 325mg Prednisone	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more than once for these symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for a neurological disorder.; SEVERAL MONTHS; There has been treatment or conservative therapy.; pt. having headaches in the back of the head and swelling; Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a suspicious mass in the left groin area. Patient notice mass on 6/29/2018.; 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
Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt presents to clinic with abdominal distention, sharp pelvic pain, and 20lb weight gain in 6 weeks. Family h/o ovarian cancer in sister. Pt has had hysterectomy but ovaries remain per pt report.; 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
Advanced Practice Registered Nurse	Disapproval	73200 Computed tomography, upper extremity; without contrast material	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, EBCT, 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	73200 Computed tomography, upper extremity; without contrast material	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.; 01/2017, There has been treatment or conservative therapy.; Decreased range of motion and pain with movement; Meloxicam 7.5mg every day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	x ray non diagnostic; 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	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	patient lcd laxity tenderness and range of motion.; 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
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; lower back and left leg 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

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; 7/1/2017; There has been treatment or conservative therapy.; chest pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 8/7/18; There has been treatment or conservative therapy.; headache.; 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		History of kidney stones, 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	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		None; 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	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Mass found in liver on ultrasound, patient still continues to have 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
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< 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, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 revealed Hypochoic lesion right hepatic lobe measuring 3.2 cm. Radiologist recommended correlation with contrast enhanced MRI abdomen.	1
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; < Enter answer here - or Type In Unknown If No Info Given. >;	1
Advanced Practice Registered Nurse	Approval	77058 Magnetic resonance imaging, 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
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type In Unknown If No Info Given. >; 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
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam 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
Advanced Practice Registered Nurse	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	pt had screening mammo and u/s that came back abnormal recommended MRI test to 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
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	no; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
Allergy & Immunology	Approval	71250 Computed tomography, thorax; without contrast material		Positives and pertinent negatives as per HPI. AON.; It is not known if there is radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		It is not known if the patient is diabetic; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN 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.	2

		58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 altered biliary tract anatomy that precludes ERCP.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	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, infection or inflammation, multiple sclerosis or seizures.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; 8/7/18; There has been treatment or conservative therapy.; headache.; 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
Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Ambulatory/Walk-in Clinic	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		There are no documented clinical 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 experiencing cervical neck pain not improving despite treatment.	1
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		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 Computed tomography, cervical spine; without contrast material		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.	2
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	3
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient came in clinic with complaints of syncope episode, "he states that he was standing in the kitchen when he got dizzy and fainted." Patient does have a history of syncope in the past. Brain CT is being order to rule out any abnormal findings.; 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
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	5
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2
Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having headache; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient is having headache; 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Pt also took muscle relaxers, and others; This study is being ordered for Congenital Anomaly.; R/O aneurysm; There has been treatment or conservative therapy.; Pt suffers with headaches, tremor of upper extremities and pain in neck and with an abnormal MRI; Follow up visits and MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	2
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Father has been diagnosed with Chiari Malformation and his doctor recommended pt to be checked also.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			3

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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; PT HAS both weakness/ reflex.pt has unsteady gait and vertigo, frequent falls, severe weakness in cervical and scapular stabilizers, decreased function.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly; 01/26/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT *Rx*.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		I am concerned the patient may have a possible spinal chord injury to the thoracic or cervical spine areas.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; PT in past no relief	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		patient has positive Hoffman's bilateral as well as loss of cervical lordosis and multilevel degenerative changes in the cervical spine; will consider potential injections after MRI results; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; positive Hoffman's bilateral	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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?	6
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	2
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 6/29/2018; There has not been any treatment or conservative therapy.; acute neck pain that radiates to left upper extremity, history of L5-S1 fusion, candidate for spinal cord stimulator trial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for Inflammatory/ Infectious Disease.; 05/2011; There has been treatment or conservative therapy.; chronic low back pain consistent with chronic pain syndrome, lumbar radiculopathy, lumbar spondylosis; MEDICATION, 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
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt also having blurred vision and nausea; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	History of 6 mm non calcified nodule in the superior aspect of the right lower lobe noted on CT chest w/ contrast performed 6/6/2015. A follow up scan in 6-12 months was recommended that has not been 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 mass.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary		
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 months; There has been treatment or conservative therapy.; pain; PT started recently, 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
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 6/2018; It is not known if there has been any treatment or conservative therapy.; Neck pain in middle neck, pain radiating down to middle of the spine. Arm hurts and shoulders, going on for some time. Pain upon palpitation, pain upon touch. Degenerative disc disease of C-spine and T-spine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Please attempt to schedule patient for an MRI of Cervical spine without dye at Searcy Open MRI. She has BCBS. I realize that they want 6 weeks of nsaid therapy and Physical therapy. However, patient had an x-ray at Newport hospital and it showed degenerat	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 having numbness and tingling in right arm.	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 6/2018; It is not known if there has been any treatment or conservative therapy.; Neck pain in middle neck, pain radiating down to middle of the spine. Arm hurts and shoulders, going on for some time. Pain upon palpitation, pain upon touch. Degenerative disc disease of C-spine and T-spine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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?	5
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			5
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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.; Patient has low back and leg pain. He notes that his low back and right leg pain are worsening and he has new neck and left arm pain.; Patient has had interventional pain management procedure and has had oral medications such as NSAIDs, Tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2018; There has been treatment or conservative therapy.; low back pain neck pain tingling; PT and 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
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 8/3/18; There has been treatment or conservative therapy.; 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
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	left sided lower back/hip pain. This has been going on for many years and had a fusion at L5-S1 for right sided pain. He has been having pain off and on since surgery but worsened in May 2017; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; may 2017; There has been treatment or conservative therapy.; left sided lower back/hip pain, left lateral leg pain with numbness and tingling.; received cervical steroid shots, Physical therapy was done at home, left SI joint injections x3; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Neurosurgery request current MRI, chronic back pain and ruptured discs; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Pt had injections, shock going down right leg, wears compressions socks, complains of back pain.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Legs have become numb - causing the 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 going down legs, trouble 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
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more than once for these symptoms.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		back pain for 37 years after trauma, numbness, tingling and 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 had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI lumbar spine is being requested to further evaluate the patients persistent pain as well as the more worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid change in condition or a deteriora; This study is being ordered for a neurological disorder.; The patient has been experiencing this pain for greater than 1 year. She reports onset of pain gradually over time without significant initiating factor .; There has not been any treatment or conservative therapy.; She complains of diffuse body pains for numerous years after previous abusive relationships. Her worst pain is neck pain, up the back of her head and into both shoulder blades. This causes headaches, tension in her trapezius muscles and inability to sl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		pt having numbness on right thigh. feels like electrical type 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.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT that did not seem to help.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	11
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 months; There has been treatment or conservative therapy.; pain; PT started recently, 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
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; None of the above; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 5/2018; There has not been any treatment or conservative therapy.; chronic back pain-degenerative disk disease-; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	7-10 pain gets worse laying down; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Neurosurgery request current MRI, chronic back pain and ruptured discs; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Other intervertebral disc degeneration, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient failed physical therapy treatment-she was unable to complete the sessions. patient was first seen in clinic on 7/17/2018 with back pain for approx. 3 weeks. patient has also been seen in the ER for worsening 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
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient had physical therapy for symptoms which did not help , lumbar x-ray revealed degenerative changes; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This patient has had ongoing back pain for several months. On 07/23/18, he was seen in our clinic where he stated that he jumped out of a truck and landed in a hole. This resulted in lower back pain with pain radiating into his left leg. He had a CT 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 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; 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
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is needed to be performed in order to further this patient's care. They are in extreme pain and an MRI will show the provider more in depth information than the standard x-rays did; This study is 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 of 2017; It is not known if there has been any treatment or conservative therapy.; Back pain, inflammation, radiculopathy, cervicalgia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a spinal canal/contents MR Angiography.	1
Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis, without contrast material	Radiology Services Denied Not Medically Necessary	stone in the ureter; 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
Advanced Practice Registered Nurse	Disapproval	73200 Computed tomography, upper extremity, without contrast material	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
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	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.; &t; Enter answer here - or Type In Unknown If No Info Given. &t;	1
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity, without contrast material	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type In Unknown If No Info Given. &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.; &t; Enter date of initial onset here - or Type In Unknown If No Info Given &t; There has not been any treatment or conservative therapy.; lower back and left leg 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
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity, without contrast material	Radiology Services Denied Not Medically Necessary	patient had MRI of right hip performed on 2/19/2018 - which showed a high grade partial tear of the right gluteus medius tendon. She was referred to Orthopedics at this time where he injected steroids into the hip per patient statement. She was sent to ; This study is being ordered for a neurological disorder.; 2/9/2018; There has been treatment or conservative therapy.; low back with radiation into bilateral hips, right hip/leg numbness and weakness, unsteadiness on feet.; patient went to physical therapy for 6 weeks without improvement, is taking pain medications and injections into low back through pain management, also taking Cymbalta.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 stones.; Yes this is a request for a Diagnostic CT &t; Enter answer here - or Type In Unknown If No Info Given. &t; This is a 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	RLQ and LLQ pain, diarrhea with bloody stool x 1.5 months to evaluate; 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 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 Computed tomography, abdomen and pelvis; without contrast material	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 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	3
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; 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	1
Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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

Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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
Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material			1
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	6
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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 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.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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.; Patient has low back and leg pain. He notes that his low back and right leg pain are worsening and he has new neck and left arm pain.; Patient has had interventional pain management procedure and has had oral medications such as NSAIDs, Tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2018; There has been treatment or conservative therapy.; low back pain neck pain tingling; PT and 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		I have listed everything; This study is being ordered for Inflammatory/ Infectious Disease.; This is a new patient consult for evaluation of chronic pain symptoms. The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradually over ti; There has not been any treatment or conservative therapy.; The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradually over time without significant initiating factor . The patient describes his pai; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 have six weeks of Chiropractic care related to this episode.; unknown	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		MRI lumbar spine is being requested to further evaluate the patients persistent pain as well as the more worrisome neurologic symptoms. MRI is not typically needed prior to initiating treatment, unless there is a rapid change in condition or a deterioration; This study is being ordered for a neurological disorder.; The patient has been experiencing this pain for greater than 1 year. She reports onset of pain gradually over time without significant initiating factor . There has not been any treatment or conservative therapy.; She complains of diffuse body pains for numerous years after previous abusive relationships. Her worst pain is neck pain, up the back of her head and into both shoulder blades. This causes headaches, tension in her trapezius muscles and inability to sl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		She notes neck pain that radiates down both arms. She has low back pain as well. She has 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.; Unknown; There has been treatment or conservative therapy.; She notes neck pain that radiates down both arms. She has low back pain as well. She has bilateral knee pain.; Physical therapy, chiropractic care, TENS unit, hot/cold packs, Tylenol, Ibuprofen, Lyrica.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a facet joint injection.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	78

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	15
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; 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.; L SJ joint tenderness. Extension was painful. (L). Moter, Sensory, Deep Tendon Reflexes: Sensory exam of the left side demonstrates L5 sensory impairment.   Right patella 1+ Left patella 1+	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; 8/27/2018; There has been treatment or conservative therapy.; Pt's chief complaint is pain in upper and lower extremity. Pt complains that pain is constant and dull.; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Limited range of motion	1
Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture);; This is not a pre-operative study for planned surgery. This is a request for an abdomen-pelvis CT combination.; This study is being 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
Anesthesiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Enter answer here - or Type In UnShe has seen neuro and states she does not want to see that doctor again. Ms. Smallwood states after the first procedure she noticed a knot on the back of her neck. She saw her PCP who informed her it's possibly a pinched ; 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
Anesthesiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Patient complains of exacerbation of pain which is not being controlled with rest, activity modification and home exercise program and current pain medication(s) regimen. Patient's insurance would not pay for s; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Anesthesiology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	neck pain, CT needed for further 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
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.; 05/04/18; There has been treatment or conservative therapy.; chronic pain, stiffness, tenderness; 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  Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has 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
Anesthesiology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	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.	1
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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 if this patient had a recent course of supervised physical Therapy.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Patient continues to report neck pain with associated radicular symptoms and as discussed an MRI of the cervical spine will be faxed to BRMC. Patient reports pain in his left and right shoulder, left arm and right arm. Patient states pain has worsened	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	7
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; UNKNOWN; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; < 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; will send progress note; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical radiculopathy, chronic 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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar DDD, Lumbar Spondylolysis w/o Radiculitis, Chronic Pain Syndrome, Segmental And Somatic Dysfunction Of Cervical Region; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the cervical and lumbar spines to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in for; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient now having axial and radicular pain of the upper thorax and cervical regions. t MRI to further direct care and to rule out any other pathology. Palpation of the cervical facet reveals no pain and pain in c3 - c7 region on both the sides. There ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; <Enter Additional Clinical Information>	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	3
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; UNKNOWN; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 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
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; he reports primarily axial low back and neck pain. His low back pain radiates into bilateral thighs. He also has some tingling in his right posterior thigh above the knee. He denies weakness or red flag symptoms. he also reports axial neck pain without; Lumbar discogram,physical therapy, medications, hip 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	2
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	16
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 8/27/2018; There has been treatment or conservative therapy.; Pt's chief complaint is pain in upper and lower extremity. Pt complains that pain is constant and dull.; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		I am concerned the patient may have a possible spinal chord injury to the thoracic or cervical spine areas.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; This study is being ordered due to follow-up to surgery or fracture within the last 6 months.;	1
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits.;" The study is being ordered due to pre-operative evaluation.; Thoracic spine pain with radiculopathy. Patient reported history of spinal stenosis. Is being considered for spinal cord stimulation. Need to evaluate if any narrowing for thoracic lead placement.	1
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; It is not known if the patient has a new foot drop.	1
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient now having axial and radicular pain of the upper thorax and cervical; regions. t MRI to further direct care and to rule out any other pathology.; Palpation of the cervical facet reveals no pain and pain in c3 -c7 region on both the sides.; There ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; < 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; The patient does not have new signs or symptoms of 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; will send progress note; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; he reports primarily axial low back and neck pain. His low back pain radiates into bilateral thighs. He also has some tingling in his right posterior thigh above the knee. He denies weakness or red flag symptoms.; he also reports axial neck pain without; Lumbar discogram, physical therapy, medications, hip 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; The patient has none of the above	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar DDD, Lumbar Spondylosis w/o Radiculitis, Chronic Pain Syndrome, Segmental And Somatic Dysfunction Of Cervical Region; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more than once for these symptoms.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Recommend MRI of the cervical/lumbar) to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in form; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Rule Out for surgery or to see where to place epidural.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has failed conservative treatment (include activity ; modifications, physical/home exercise therapy, NSAIDs medication therapy). Pt with mainly axial cervical and lumbar pain. Will likely be facet joints but will get MRI to further guide care.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 UNKNOWN; This study is being ordered for a neurological disorder.; 12/6/2016; There has been treatment or conservative therapy.; PAIN, BLADDER AND BOWEL PROBLEMS; 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; 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.; 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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	2

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 01/26/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT*Rx*; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for Inflammatory/ Infectious Disease.; 05/2011; There has been treatment or conservative therapy.; chronic low back pain consistent with chronic pain syndrome, lumbar radiculopathy, lumbar spondylosis; MEDICATION, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Evaluation 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.; Unknown; There has been treatment or conservative therapy.; Back and Neck pain radiating to the right shoulder and Bil buttocks, Medications, trigger point 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		I have listed everything; This study is being ordered for Inflammatory/ Infectious Disease.; This is a new patient consult for evaluation of chronic pain symptoms. The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradually over ti; There has not been any treatment or conservative therapy.; The patient complains of pain in neck, in lower back and in mid back. The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradually over time without significant initiating factor . The patient describes his pai; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; 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
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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.; pain; injections, physical therapy, bone marrow transplant in the 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 is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for Vascular Disease.; 07/2018; There has been treatment or conservative therapy.; Severe left ICA stenosis significantly greater than 70% by velocity equivalent criteria. Moderate right ICA stenosis between 50 and 70% diameter range by velocity equivalent criteria. Patent antegrade flow both vertebral arteries.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lumbar radiculopathy and chronic 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has chronic back pain, we want to do an injection need MRI to proceed; The study 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, hard to walk, gate is unsteady.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		r/o herniation and nerve compression; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She notes neck pain that radiates down both arms. She has low back pain as well. She has 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.; Unknown; There has been treatment or conservative therapy.; She notes neck pain that radiates down both arms. She has low back pain as well. She has bilateral knee pain.; Physical therapy, chiropractic care, TENS unit, hot/cold packs, Tylenol, ibuprofen, Lyrica.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; 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
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	3
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; 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.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Last CTA was 05/10/2017-yearly f/u.; This study is being ordered for Vascular Disease.; 10/23/2017; There has been treatment or conservative therapy.; none.; F/u test every year for prior aneurysm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient is a 52-year-old gentleman with severe aortic stenosis the patient will need an aortic valve replacement. Due to his age I feel that a mechanical aortic valve would be his best option and the patient is agreeable. He understands that he will need; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient with intercostal right side rib pain. Possible Rib Fracture. needing ct study for confirmation of fracture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 completed conservative care in the past 3 months or had a spine injection	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 6/29/2018; There has not been any treatment or conservative therapy.; acute neck pain that radiates to left upper extremity, history of L5-S1 fusion, candidate for spinal cord stimulator trial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not known 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
Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"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.; This is a request for bilateral foot MRI.; to evaluate for osteomyelitis	2
Anesthesiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	< 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

Anesthesiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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	72128 Computed tomography, thoracic spine; without contrast material	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.; 2000; 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
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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.; 05/04/18; There has been treatment or conservative therapy.; chronic pain, stiffness, tenderness; 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
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 not seen the doctor more than once for these symptoms.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; he reports primarily axial low back and neck pain. His low back pain radiates into bilateral thighs. He also has some tingling in his right posterior thigh above the knee. He denies weakness or red flag symptoms. he also reports axial neck pain without; Lumbar discogram, physical therapy, medications, hip 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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical radicular pain, and chronic neck pain. Muscle spasms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in arms; 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
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		Dissection repair in April 2017.; This is a request for an MR Angiogram of the chest or thorax	1
Cardiac Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			1
Cardiac Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Cardiac Surgery	Approval	72192 Computed tomography, pelvis; without contrast material			1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/28/2018; There has not been any treatment or conservative therapy.; aortic dissection repaired; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	7
Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Cardiac Surgery	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		Pre-procedure evaluation for thyroid lobectomy -low risk patient for a low risk procedure. Currently her cardiac risk is less than 0.1%. -patient has no active cardiac issues. The patient would do well with surgery however I would evaluate aorta and aor; This study is being ordered for Vascular Disease.; 1968; There has been treatment or conservative therapy.; Turners syndrome s/p repair of coarctation 50 years ago, probable bicuspid aortic valve; Turners syndrome s/p repair of coarctation 50 years ago, probable bicuspid aortic valve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		Pre-procedure evaluation for thyroid lobectomy -low risk patient for a low risk procedure. Currently her cardiac risk is less than 0.1%. -patient has no active cardiac issues. The patient would do well with surgery however I would evaluate aorta and aor; This study is being ordered for Vascular Disease.; 1968; There has been treatment or conservative therapy.; Turners syndrome s/p repair of coarctation 50 years ago, probable bicuspid aortic valve; Turners syndrome s/p repair of coarctation 50 years ago, probable bicuspid aortic valve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient is having lumbar spine pain and has chronic cervical radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Recommend MRI of the cervical/lumbar) to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formu; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Set up for an injection but cannot get it approved until an MRI is 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.; Head limited range of motion and weakness in 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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has failed conservative treatment (include activity  modifications, physical/home exercise therapy, NSAIDs medication therapy). Pt with mainly axial cervical and lumbar pain. Will likely be facet joints but will get MRI to further guide care.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation 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.; Unknown; There has been treatment or conservative therapy.; Back and Neck pain radiating to the right shoulder and Bil buttocks; Medications, trigger point 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	LRM, flex limited to 30 degree due to pain, extension is limited to 20 degrees due to pain.; 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 not directed conservative treatment for the past 6 weeks.	1
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Recommend MRI of the (thoracic/lumbar) to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in fo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	3
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Caller declined.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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; 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 weakness.; The patient reports numbness and weakness   Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperextension at lumbar spine reproduced lower back pain. Stooping 20 -30 degree relief pain. Bilateral facets I; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the cervical and lumbar spines to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in fo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	No clinicals available; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is having lumbar spine pain and has chronic cervical radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Recommend MRI of the (thoracic/lumbar) to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in fo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Reports muscle pain, muscle cramp, muscle weakness, loss of muscle bulk, neck pain, shoulder pain, back pain, joint pain, joint stiffness, joint swelling, swollen joints and night cramps. Joint abnormality reported. Reports limitation of joint movement. R; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Reports muscle pain, muscle cramp, muscle weakness, loss of muscle bulk, neck pain, shoulder pain, back pain, joint pain, joint stiffness, joint swelling, swollen joints and night cramps. Joint abnormality reported. Reports limitation of joint movement. R; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 completed 6 weeks of physical therapy?	5
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	3

Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for a neurological disorder.; 12/6/2016; There has been treatment or conservative therapy.; PAIN, BLADDER AND BOWEL PROBLEMS; 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
Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1
Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This is a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		< 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
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 05/31/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; Doppler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		multiple syncopal episodes; This study is being ordered for Vascular Disease.; old infarct was seen on CT in august 2018 while in hospital. new onset of syncope accompanied with nausea and diaphoresis.; It is not known if there has been any treatment or conservative therapy.; syncope, nausea, diaphoresis, temporary paralysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing				1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary		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	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; pain, injections, physical therapy, bone marrow transplant in the 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 is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary		This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing			This study is being ordered for Vascular Disease.; 07/2018; There has been treatment or conservative therapy.; Severe left ICA stenosis significantly greater than 70% by velocity equivalent criteria. Moderate right ICA stenosis between 50 and 70 diameter range by velocity equivalent criteria. Patent antegrade flow both vertebral arteries.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			Patient is a 55-year-old gentleman with severe multivessel coronary disease as well as an occluded right internal carotid artery. The patient will need coronary bypass surgery. I discussed with him procedure risks and complications of surgery including ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material			< 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
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			known documented stenosis on Ultrasound of carotids suggesting CT scan; This study is being ordered for Vascular Disease.; 08/2018; There has been treatment or conservative therapy.; dizziness, syncope, headaches, tingling; Anticoagulation-long term; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			She has a history of poorly controlled diabetes. Her last hemoglobin A1c in 07/2018 was 12.2. She was recently started on insulin. She also takes metformin. She has a history of macular degeneration and hemorrhaging for which she takes Avastin and for; This study is being ordered for Vascular Disease.; past several months she has had ongoing dizziness and lightheadedness occurring most days.; It is not known if there has been any treatment or conservative therapy.; Ms. Layton is a 62-year-old woman who is a referral to me by A.P.N. Amanda Bickford in Star City for further evaluation of carotid artery stenosis. Ms. Layton states for the past several months she has had ongoing dizziness and lightheadedness. She desc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			Yes, this is a request for CT Angiography of the Neck.	11
Cardiology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			Ms. Young is a 42 yo wmn nw pt referred by Dr. Kristin Wright for evaluation of syncope.  Episode happened approx 3 weeks while driving, she was fine, had eaten breakfast, was driving when she developed a feeling of "hot sensation" that started a; "This is a request for orbit,face, or neck soft tissue MRI.239 8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Cardiology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study.;" This patient has been treated with medications for at least four weeks with no improvement.	1
Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)			; This is a request for a Neck MR Angiography.; The patient has dizziness.; 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
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material			"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
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material			< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material			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 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	7
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/28/2018; There has not been any treatment or conservative therapy; aortic dissection repaired; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2018; 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
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for a congenital abnormality; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		THORACIC AORTIC ANEURYSM; 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
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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.; Reason for Appointment  1. Thoracic aortic aneurysm  2. Hypertension  3. Diabetes mellitus    History of Present Illness  HPI:  Pt here for followup of hypertension and recently diagnosed with diabetes mellitus. He denies any chest pain.; Reason for Appointment  1. Thoracic aortic aneurysm  2. Hypertension  3. Diabetes mellitus    History of Present Illness  HPI:  Pt here for followup of hypertension and recently diagnosed with diabetes mellitus. He denies any chest pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		ABNORMAL CAROTID DOPPLER AND SUBCLAVIAN STEAL SYNDROME; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Dissection of thoracic aorta; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Father recently had thoracic aneurysm repair by Dr nolan and Dr nolan suggested she see me. She complains of severe DOE, resolved with rest. She has lupus and fibromyalgia.; 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
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		patient has known aortic insufficiency; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; 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
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		&It; Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; &It; 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Last CTA was 05/10/2017-yearly f/u.; This study is being ordered for Vascular Disease.; 10/23/2017; There has been treatment or conservative therapy.; none.; F/u test every year for prior aneurysm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		proven aortic aneurysm by ultrasound 05/02/2018. Abdominal bruit.; This study is being ordered for Vascular Disease.; abdominal bruit heard on 05/01/2018; aortic aneurysmal dilation found 05/02/2018 by ultrasound; There has been treatment or conservative therapy.; chest pain and dyspnea on exertion. Abdominal bruit on exam. long-term history of smoking.; Evaluation by ultrasound to confirm abdominal bruit; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; It is not known if there is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		&It; 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 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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.; Marfan syndrome.  Cardiac murmur.  Abdominal aortic aneurysm.  Thoracic aortic aneurysm, status post repair.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Caller is by passing questions and faxing in clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Caller is by passing questions and faxing in clinical.; It is not known if there has been any treatment or conservative therapy.; Caller is by passing questions and faxing in clinical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	1
Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient is a 69 year old male with history as mentioned above. He had an incidental finding of a 4.8cm AAA on screening ultrasound. He is asymptomatic. His BP is well controlled today at 139/68. Patient will need a CTA of the chest, abdomen and pelvis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	1
Cardiac Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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 uninterpretable cardiac imaging.;; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1
Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; It is unknown which lab test suggest their need for ordering this study.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluoroexoxyglucose)	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	9
Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	7
Cardiac Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient is a 55-year-old gentleman with severe multivessel coronary disease as well as an occluded right internal carotid artery. The patient will need coronary bypass surgery. I discussed with him procedure risks and complications of surgery including ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 69 year old male with history as mentioned above. He had an incidental finding of a 4.8cm AAA on screening ultrasound. He is asymptomatic. His BP is well controlled today at 139/68. Patient will need a CTA of the chest, abdomen and pelvis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with intercostal right side rib pain. Possible Rib Fracture. needing ct study for confirmation of fracture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient being evaluated for Mediastinal mass; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
Cardiac Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Lung Cancer; This is NOT a Medicare member; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		; 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
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		dizziness, carotid artery bruit; 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 something other than screening for aneurysm or AVM, previous stroke or aneurysm or neurological deficits.	1
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		known documented stenosis on Ultrasound of carotids suggesting CT scan; This study is being ordered for Vascular Disease.; 08/20/18; There has been treatment or conservative therapy.; dizziness, syncope, headaches, tingling; Anticoagulation-long term; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		She has a history of poorly controlled diabetes. Her last hemoglobin A1c in 07/2018 was 12.2. She was recently started on insulin. She also takes metformin. She has a history of macular degeneration and hemorrhaging for which she takes Avastin and for; This study is being ordered for Vascular Disease.; past several months she has had ongoing dizziness and lightheadedness occurring most days.; It is not known if there has been any treatment or conservative therapy.; Ms. Layton is a 62-year-old woman who is a referral to me by A.P.N. Amanda Bickford in Star City for further evaluation of carotid artery stenosis. Ms. Layton states for the past several months she has had ongoing dizziness and lightheadedness. She desc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 05/31/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Doppler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		ABNORMAL CAROTID DOPPLER AND SUBCLAVIAN STEAL SYNDROME; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		multiple syncopal episodes; This study is being ordered for Vascular Disease.; old infarct was seen on CT in august 2018 while in hospital. new onset of syncope accompanied with nausea and diaphoresis.; It is not known if there has been any treatment or conservative therapy.; syncope, nausea, diaphoresis, temporary paralysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2018; It is not known if there has been any treatment or conservative therapy.; Pt is a has implant and valuation for transplant; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		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
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		unknown; 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
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/2018; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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.; Marfan syndrome.  Cardiac murmur.  Abdominal aortic aneurysm.  Thoracic aortic aneurysm, status post repair.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		5.3 cm thoracic aortic 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
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		assess aneurysm and coarctation-bicuspid aortic valve w new symptoms; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Caller is by passing questions and faxing in clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Caller is by passing questions and faxing in clinical.; It is not known if there has been any treatment or conservative therapy.; Caller is by passing questions and faxing in clinical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	9
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2018; 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
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	13
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	2

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)			1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; 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 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; 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 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 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		CP; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient is a 59 year old Caucasian Male.; HPI: Mr. Mitchell is a 59 y/o WM with a h/o Descending Aortic pseudoaneurysm distal to LT subclavian s/p LT carotid-subclavian bypass with TEVAR and Amplatzer plug placement in proximal LT subclavian (10/2014); 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient with a known thoracic aorta aneurysm with complaint of chest pain, short of breath, palpitations, tachycardia, and elevated blood pressure. Last evaluation on the aneurysm was approximately 18 months ago and the aneurysm measured at 3.5 cm in the.; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Postsurgical changes of median sternotomy and ascending aortic aneurysm repair. There is persistent but stable dilatation of the aortic root compared with the prior study.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		PREVIOUS STAB WOUND TO THE CHEST.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Primary Cardiologist Dr. Riley last saw about 4 years ago.; Pt reports the following symptoms: chest pain. She reports at night she gets like a sharp pain on the right side of her Chest radiating to the back shoulder blade. This has been going on for 2 ye; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The results of this chest cta will determine how to continue pts care, if pt will need surgery; 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.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	31
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		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.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		vascular disease and chronic ischemic heart disease; 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	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess.; There is no radiologic evidence of pneumoconiosis.; There is no radiologic evidence of asbestosis; This is a request for a chest MRI.	1
Cardiology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for vascular disease.; "The ordering physician is a surgeon, pulmonologist, or cardiologist"; This is a request for a chest MRI.	1
Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		ABNORMAL CAROTID DOPPLER AND SUBCLAVIAN STEAL SYNDROME; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
Cardiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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 AND SHORTNESS OF BREATH.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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, SOB, AND PALPITATIONS.	1

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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/SOB	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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 evaluation after cardiac angioplasty, stent or bypass graft.;	2
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Mr Wilson is a 56 yo WM with a hx of PAF/AT, ILR (DOI 6/22/17), s/p ASD closure device 2008, HTN, OSA with CPAP, TIA and top dep who presents for hospital follow up. He failed sotalolol d/t SOB. He had two week washout and then was loaded on tikosyn. Antico	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			32
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		- Additional clinical information: Ms. Cope is a 64 y/o WW with h/o GERD and HLD, here to establish cardiac care. She says that she has been having excessive fatigue and shortness of breath lately with exertion. She says that she has also had pressu; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		#1 abnormal EKG: He was sent EKG performed. He revealed small Q waves inferiorly suggestive of inferior MI. His echocardiogram revealed a structurally normal heart with a normal ejection fraction. There is no evidence of hypokinesis of the inferior wall. ; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); It is unknown if there is a physical restriction to the member's ability to exercise; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		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	1
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		Unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/2018; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		proven aortic aneurysm by ultrasound 05/02/2018. Abdominal bruit.; This study is being ordered for Vascular Disease.; abdominal bruit heard on 05/01/2018; aortic aneurysmal dilation found 05/02/2018 by ultrasound; There has been treatment or conservative therapy.; chest pain and dyspnea on exertion. Abdominal bruit on exam. long-term history of smoking.; Evaluation by ultrasound to confirm abdominal bruit; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	10

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2018; It is not known if there has been any treatment or conservative therapy.; Pt is has a implant and valuation for transplant; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		#1 angina: He's had 2 episodes of chest pain at rest over the past couple of months. Both of the episodes were nocturnal. They awakened him from sleep. He states discomfort was in the service chest. It was rather intense. Both episodes lasted about 20 min; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		#1 angina: She's been having symptoms of chest discomfort over the past several months. She has a long history of having reflux. She actually underwent cardiac catheterization about 5 years ago. At that time her arteries were normal. She has intermittent; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		#1 coronary artery disease: He is 6 years out from bypass grafting. He really didn't have typical symptoms of angina the time of his bypass surgery and heart attack. He does have psoriatic arthritis. Is not uncommon for him to have discomfort in his stern; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		#1 coronary artery disease: He underwent stenting to the LAD over 2 years ago. He's not been having any recent angina.  #2 cardiomyopathy: His recent echo confirmed an ejection fraction of 35%. His echo 2 years ago revealed ejection fraction around 50%; 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	74176 Computed tomography, abdomen and pelvis; without contrast material		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 not the first visit for this complaint.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This is a request for a MR Angiogram of the abdomen.	1
Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)		This is a request for Heart CT Congenital Studies.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		; This is a request for CTA Coronary Arteries.; 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.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		It is not known if patient has any conditions like diabetes, age over 50 etc.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Chest Pain, Stress test going to be done, was in the ER on the 8/7; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; <Additional Clinical Information>; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; ; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; Abnormal Echo and treadmill stress test.; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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 Information>; Yes, there is Chronic Chest Pain.	2
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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: Her chest pain symptoms are reportedly mainly with exertion, but can happen without exertion as well. She did not have any chest pain during the exercise stress echocardiogram where she walked on Bruce protocol for 6 minutes and 10 seconds. ; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; has intermittent sharp left-sided chest pain which are not related to exertion. He also complains of some left shoulder pain radiating to his chest associated with movements of the shoulder. The patient is very upset and very worried about his heart and w; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; Pt has shortness of breathe, Sibling has heart attack around his age with normal stress test, not physical active.; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; To see if the right ventricle is truly enlarged.To see if the aortic valve is truly bicuspid.To see if there is any coronary artery disease because this test did  not exclude that.; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; unknown; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		#1 PVD: She has Leriche's syndrome with an occluded aorta. She needs to undergo open repair to alleviate her symptoms of claudication. However she needs cardiac clearance. She cannot walk more than 50 feet without having discomfort. Given the fact she has; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent 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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for a post myocardial infarction evaluation.; The patient is not 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);. 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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 THAT RADIATES TO THE JAW. SMOKING 1/2 A PACK A DAY.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; PRE CORDIAL CHEST PAIN.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; SHORTNESS OF BREATH.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; SOB	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a cardiac surgical procedure.; Patient has a complaint of chest pain and had a left heart catheterization on 8/21/2018. Patient had no flow-limiting atherosclerotic disease in need of revascularization. Patient does have an anomalous circumflex that could possibly be th culprit of chest ; No, the examination is not for noninvasive coronary arterial mapping.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.;&it-Additional Clinical Information>	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; chest pain	1

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; Mr. Mitchell is a 59 y/o WM with a h/o Descending Aortic pseudoaneurysm distal to LT subclavian s/p LT carotid-subclavian bypass with TEVAR and Amplatzer plug placement in proximal LT subclavian (10/2014), RAS s/p stent, HLD, HTN, and CAD s/p CABG x3 (10/	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type in Unknown If No Info Given. >; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type in Unknown If No Info Given. >; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type in Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by something other than listed; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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 uninterpretable cardiac imaging .; Abnormal stress echo. Recommend further evaluation with either CT or &#xOD; direct coronary angiography. Correlate clinically &#xOD; Baseline echo showed no wall motion abnormalities. LVEF 60%. &#xOD; Baseline EKG showed minor nonspecific inferior ST-T wave &#xOD; abnorm; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; <Additional Clinical Information>	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; 63 yo man with h/o HTN and HLP presents for pre-operative evaluation. He has been scheduled to have orthopedic surgery next week and needs cardiac evaluation. Apparently he was evaluated by an outside cardiologist and found to have some abnormal findings.	1

Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;	2
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; ABNORMAL NUCLEAR MEDICINE STRESS TEST WITH CHEST PAIN.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Abnormal result of other cardiovascular function study	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; continues chest pain after normal stress test	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Lexiscan mpi 8/15/18 results consistent w myocardial ischemia.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/30/2018; There has been treatment or conservative therapy.; diabetic shortness of breath chest pain; blood work EKG and 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, past 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.	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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.	9
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)			This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Patient has been having ongoing angina with decreased exercise tolerance and dyspnea on exertion. She complains of shortness of breath with minimal exertion. She has a history of DM II, HTN, PVD, and a family history of premature CAD.	1
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing			Yes, this is a request for CT Angiography of the abdominal arteries.	63
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< Enter answer here - or Type In Unknown If No Info Given. >; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< 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.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< 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.	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< Enter answer here - or Type In Unknown If No Info Given. >; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		.pt on cont oxygen therapy-c/o chest pain with ambulation while at the pulmonologist office and oxygen rate was decreased. CHF: Y Hypertension: Y SOB: Y presents for evaluation of chest pain s/p ambulation at pulmonology office after decreasing oxygen; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; The study is being ordered for a post myocardial infarction evaluation.; The patient is not 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); 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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.	14
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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 myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent CCTA 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MP), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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 myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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.	47
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; 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	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by something other than listed; The patient has not had a stress echocardiogram within the past eight weeks.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Glen presents to the office today for work-in due to chest discomfort. He describes burning sensation in his chest intermittently, can occur with exertion. He has only taken 1 nitroglycerin for it. Otherwise it resolves spontaneously. I am worried thi; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			08/20/2018 - Open Heart to remove Blood Clots in lungs done in Nashville Tn Vanderbilt Medical Center 1215 21 st Ave South Nashville Tn; Cardiovascular Procedure - 07/31/2017 - Left Heart Cath; Cardiovascular Procedure - 11/25/2015 - PTCA/DES to Left Circ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			1) Rare ventricular ectopy; 2) Rare supraventricular ectopy; 3) SVT as above one of which was symptomatic; Pressure like chest pain and palpitations for several weeks; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			1. Coronary artery disease status post CABG X 3 with LIMA to LAD, SVG to OM, and SVG to posterolateral branch of the right coronary artery on 10/13/2017; Left ventricular ejection fraction on 01/05/2018 was 55 to 60%. Ascending aorta was 4.6 cm. Current; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			Abn-EKG, HTN, Palpitation. SOB when walking.; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		ABNORMAL CARDIOVASCULAR FUNCTION STUDIES:CT CALCIUM SCORE 501.89 86TH PERCENTILE. FORMER SMOKER, QUIT ONE YR AGO AND DIABETES, HTN AND HYPERLIPIDEMIA, NO PREVIOUS HX OF CAD. TRIGLYCERIDES 718 ONE MONTH BEFORE WAS 1792, HDL 26. NO CHEST PAIN OR SOB; 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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 evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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 cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		1 angina: He was recently playing golf. He started having chest discomfort in the service chest. He states it was rather intense. It lasted for about 15 minutes. He then went to the walk-in clinic. By the time he arrived he is not having any chest pain. H; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		1. Chest pain; no recurrence, however, given characteristics and that pain was relieved with nitro will proceed with pharm MPI to further evaluate.  2. NICM; EF 45% per echo 2015. Echo recommended last year, but patient did not have this done. Will reepa; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Angina, CP, DOE; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Angina, HTN, DOE; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Angina, HTN, Hyperlipidemia; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Aortic Valve Findings: Right Ventricular Systolic Pressure Estimate: Summary: 1. Normal left ventricular size and wall thicknesses, with normal systolic function. 2. Inconclusive stress test due to inability to achieve target HR. Despite exercise indu; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Assessment 1. Shortness of breath (786.05) (R06.02) 2. Atherosclerotic heart disease of native coronary artery without angina pectoris (414.01) (I25.10) 3. Hyperlipidemia (272.4) (E78.5) 4. Hypertension (401.9) (I10); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 40 YO with hx of CAD, who initially presented to the ER with inferior STEMI, emergent cardiac cath showed large thrombus in the left main with distal embolization to LAD and OM Underwent emergent CABG x2 with RIMA-LAD, SVG-OM and was placed on chronic A; There has been treatment or conservative therapy.; Symptoms since the last visit: chest pain, dyspnea and reduced exercise tolerance.; Patient has a history of with myocardial infarction. Treatment of ASHD includes cardiac catheterization and CABG x2  Patient has a history of cardiomyopathy, that is ischemic. He reports a history of systolic CHF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		at this point in time the symptoms are somewhat atypical but he does have even some lower pain in his hips which may be atypical claudication although he has no physical exam signs consistent with vascular insufficiency in the lower extremities we'll cont; 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.; 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		cad w bp, for dot; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CAD WITH HX OF CABG CHEST PAIN UNABLE TO DO EXERCISE STRESS TEST DUE TO CLAUDICATION.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CAD with stents  hypertension  bradycardia  diabetes; 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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); There is no physical restriction to the member's ability to exercise; The diagnosis was established by a previous stress echocardiogram, Myocardial Perfusion Imaging, or stress EKG; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		1. She had an abnormal calcium score. Elevated from last. Will get stress test. She has a strong family hx of CAD. EKG: normal EKG, normal sinus rhythm, nonspecific ST and T waves changes. 2. her lipid panel LDL 77. She is on lipitor 20mg. LFTs stable.  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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		56-year-old. Been experiencing incredible anxiety was recently diagnosed with atrial flutter in today for she is in atrial fibrillation she has a very strong risk score with diabetes hypertension hypercholesterolemia and a family history of stroke. At th; 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 less than 20	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		9 mo hx w gradually worsening episodes; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		abnormal Ekg; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Abnormal EKG; This study is 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 mths ago - Chest pain symptoms that is described as left sided, radiating between shoulder blades. Symptoms occur mostly at night. Some DOE.; There has not been any treatment or conservative therapy.; See previous; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Cardiac, family hx of premature CAD, 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest discomfort diabetic BMI 38 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain and shortness of breath, history of congenital chest conformity; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain that is worrisome for coronary disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain syncope smoked 1ppd since 1978 bmi 37 hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by something other than listed; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain, shortness of breath, never seen a cardiology . swelling in the fingers.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		andra D Ward is here at the request of Dr. Martin for consultation and diagnostic testing, as needed, due to chest pain, shortness of breath, fluttering, and edema. Patient is a 58 year old female with hypertension, ongoing tobacco use, and depression. ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		angina, hypertension, chest pain , palpitations, dizziness, high blood pressure, in the ER 8/16/18 with nausea radiating down to the arm, EKG showed left atrial enlargements, sinus rhythm, family history of heart disease, brother has enlarged heart, incr; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Angina/Chest Pain  Location: chest  Quality: pressure Severity: moderate  Duration: lasts minutes; started 2weeks ago  Onset/Timing: occurs weekly  Context: at rest Alleviating Factors: nothing gives relief  Associated Symptoms: palpitations, ch; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		at this point in time patient is at elevated risk factors and her father who is known to have had a myocardial infarction in his 40s and died in his 40s; This symptoms are exertional related midsternal associated with exertion and rest with associated s; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		at this point in time the patient's competing diagnoses are either pulmonary or cardiac in nature the cardiac would be atypical but is certainly possible that this could be obstructive coronary disease and atypical angina with associated shortness of brea; 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Atrial fibrillation palpitations risk factors; 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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old; This study is being ordered for Suspected Coronary Artery Disease (CAD); There is no physical restriction to the member's ability to exercise; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Atypical chest pain and SOB with abnormal EKG showing NSR and small Qs in the inferior leads. Many cardiovascular risk factors of HTN, hyperlipidemia, DM, family hx of MI and sudden death. Former tobacco user; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		atypical chest pain, shortness of breath with accompanying dizziness, near syncope and palpitations. pt is a current smoker and has a strong family history of coronary artery disease; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise; This is NOT a Medicare member; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CHF/mitral regurgitation: EF 45-50%, mild global hypokinesia, the diastolic function cannot be properly evaluated but I suspected because there is left atrial dilatation. There is also mild mitral regurgitation There is no clear origin for the left ventr; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Comes in for cardiac evaluation has h/o chf?, HTN, DM. Her BP is elevated this morning but states that at home usually runs in low normal range. Also c/o chest pain located subternally lasting for few minutes or so and also sob. Has COPD and continuous t; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Coronary Artery Disease Artery disease (office visit 1 year follow up; 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 myocardial infarction; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CP and 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Bilateral edema of lower extremity 6 month check; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CAD w stent Midsternal CP radiating Lt side and Lt arm  occurring with 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CAD without CP Stent placement 09/22/2003; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain at rest and with exertion  Tobacco abuse x40yrs  BMI 42; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CP, HTN, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		cp, hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Diagnosed with positive calcium score. Abnormal Stress Test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by something other than listed; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Donna Simpson is a 54-year-old female withthe following medical problems. 1. Precordial pain, vague with some typical features. Substernal chest pressurecomponent that mostly start in the back and spreads to the front. She is at intermediate forcoronary ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		DOT is requiring pt to get a NM Stress to renew his CDL; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Douglas returns for followup of CAD. He had elevated LFTs and was diagnosed with Hep B, is going to undergo treatment for this. He has had some chest pain episodes several weeks ago and went to the ER and was told it was musculoskeletal and given prescrip; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		due to abnormal EKG cannot put on a treadmill, due to that abnormality DR would like to do a nuclear; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Dyspnea on exertion in a patient with strong coronary artery disease risk factors including mixed dyslipidemia and strong family history of coronary artery disease along with hypertension and heavy smoking.  2. Palpitations of unclear etiology.  3. Act; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		dyspnea, copd; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise; This is NOT a Medicare member; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		elevated calcium score; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain on exertion with arm pain left, SOB when walking, no hx of cad, no DM, does have HTN and hyperlipidemia; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain on exertion, increased in past 2 weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by something other than listed; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain with exertional shortness of breath. Patient scheduled for echo and stress test at the same time trying to get this study approved. patient is a diabetic, has hyperlipidemia and overweight; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain hypertension methamphetamine use smokes 1ppd x35yrs; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain, family hx early onset CAD, hypertension, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain, unspecified; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pains Midsternally; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest tightness: She does have significant risk factors for coronary artery disease. We will proceed with a MPI stress test.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CP SOB R/O CAD; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CP 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.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		cp, cad w bp; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Essential (primary) hypertension Precordial 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		following him for coronary disease, status post prior CABG with mild ischemic cardiomyopathy. He is on excellent medical therapy. LDL is not at goal at 80 mg/dL.; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		He comes to the clinic today for a hospital follow-up. Patient was seen in Berryville ED 01/13/17 for a fast heart rate. He was started on Digoxin 250 mcg daily and his Metoprolol was increased from 50 mg to 75 mg BID. Patient states he is tolerating thes; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		He is a 56 year old who comes in after having a coronary calcium screening done. It did show a total score of 1720.4 with predominance in the circumflex and right coronary arteries.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		HPI: This is a MERCY CLINIC CARDIOLOGY ROGERS evaluation of Virgil J Carlson is a 59 yo male who is a known case of high calcium score of 2506. Family got cad in the 70 range. Patient denies any exertional chest pain, dyspnea, palpitations, syncope, ortho; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		hyperlipidemia, hypertension, abn ekg, 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		hypertension, chest pain, pt has asthma and is unable to walk on a treadmill; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); It has not been greater than 2 years since the surgery/procedure or last cardiac imaging	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Katherine K Lafleur is a 57-year-old female here at the request of Dr. Bruton for consultation and diagnostic testing, as needed, due to arthritis, hypertension and sinus bradycardia, which is symptomatic. The patient reports that she is tired. She does g; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Last seen in our office 7-17-18, follow up recent hospitalization for SOB 1. HTN 2. EF 30-35 3. Cardiomyopathy Dyslipidemia: We recommended good control of blood cholesterol LDL level less than 70 HDL level more than 50 and triglyceride level less th; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		cp, diabetic, hypertension; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		cp.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CT cardioscan ON 08/13/2018 shows CORONARY ARTERY CALCIUM PRESENT CONFIRMS PRESENCE IN ATHEROSCLEROTIC PLAQUE. RECOMMENDS FURTHER EVALUATION.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		diabetic Hyperlipidemia; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		dizziness, angina, shortness of breath; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		echo showed some mild hypokinases of the anterolateral myocardium. Dr Chamaria Recommends pt be scheduled for a Lexiscan to evaluate the chest pain and abnormal echo; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Michael K. Killian is here at the request of Dr. Hagaman for consultation and diagnostic testing, as needed, due to chest pain over the past several months. He had an episode while driving where he felt pain in his chest, jaw and right arm. It lasted for ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mrs Bruce is a 54 yo wmn, she presents for evaluation of chest pain, edema,  sx started 3 weeks, both feet, treated with a diuretic, sx have improved the chest pain is associated with left shoulder pain, she is weak, cant walk well ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Burleson is a 53 year old female here for a return visit in CHF Clinic. She has a history of CSHF, ischemic cardiomyopathy, CAD, DM, HLD, HTN. She is a current smoker. EF 20-25% by echo on 3/11/14. Had repeat Echo 12/03/15 EF 40-45%, mild MR, mode; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Cassano is referred by well quest for evaluation of chest pain occurs random can last 5-10 minutes generally resolves at rest and is not necessarily brought on by exertion. She also has floaters described as palpitations lasting seconds to minutes sh; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Daniels is a 56 year old G1P0010 s/p TAH/BSO lady (disabled, peripheral neuropathy) with significant history for HTN, T2DM on insulin, GERD, HLPD, asthma, melanoma (s/p chemo 2001), followed by Dr. Noonan, referred for abnormal ECG. She was originally; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Enter answer here - or Type In Unknown If No Info GivenPalpitations. I told the patient's that we will start an evaluation with 24-hour Holter monitor. Labs from Dr. Khalil's office showed normal CBC, normal potassium and renal function. We will have t; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		ER f/u for CP. He state that the day prior to him going to the ER he was outside working and began to feel an heaviness in his chest that then went into both of his arms. He went inside and rested and the heaviness improved. He states that the next day 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.; NOT SURE OF DATE BUT PT WENT TO ER RECENTLY WITH CHEST PAIN THAT WENT INTO BOTH ARMS; It is not known if there has been any treatment or conservative therapy.; CHEST PRESSURE AND SOB. OCCASIONAL PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Follow up. Recent evaluation for exertional chest pressure with associated SOB and diaphoresis. RSE was ordered but due to inadequate HR response. He had to stop the RSE due to hip pain. NST was recommended. He has continued to have occasional chest pain.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		having chest pain and shortness of breath brought on from physical activity . Significant family history of heart disease. Also a smoker .; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Haley is a 44 y/o white female who presents today as new EP patient. She is referred by her PCP today for palpitations. States she had an episode of chest pain with radiation to left neck and arm associated with nausea and diaphoresis. She wore a 24; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Kinion returns for followup. She has episodes of chest pressure, at rest and with activity, associated dyspnea on exertion, and returns for further evaluation of this.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Wilson is a 44 y/o WW with h/o HTN, CHF, PE, hypothyroidism, CAD, GERD, and smoking, here for hospital follow up. She was seen inpatient by me a year ago and had a cath which showed borderline severe RCA disease and a severely reduced LVEF. She has ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		NA; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		New patient referred Dr Coker chest pain since July 9 th, precordial area, , radiating back, mainly with exercise, at times at rest, lasting hours...associated dyspnea and fatigue, and mild palpitations...a few times a week, no associated syncope, mild sm; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Here for follow up denies chest pain or pressure . State will get SOB if he ran but normally does not run.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		history of stroke epilepsy hypertension. MPI ordered with exercise stress portion, but may have to change to chemical stress portion if physical limitations from stroke prove too much for him.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		HPI: This is a MERCY CLINIC CARDIOLOGY ROGERS evaluation of Toni D Lough is a 54 y.o. female who is a known case of she describes dyspnea on minimal exertion which is progressively getting worse associated with fatigue weakness a malaise . These symptoms ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		HTN, HLD, DM TYPE 1, TOBACCO ABUSE, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		HTN, hyperlipidemia, BMI 37, former smoker, 55 yo; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		No Stress Echos Done within 60 mile radius. CAD and 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Palpitations.  Shortness of breath.  Chest discomfort.  Heart murmur.  Hypertension.  Hyperlipidemia. Leslie F Bartlett is here at the request of Dr. Chitsey for consultation and diagnostic testing, as needed, due to palpitations. Patient is a pleas; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient experiencing random episodes of dyspnea and precordial chest pain with no resolution. Abnormal EKG. Morbid obesity. 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient experiencing shortness of breath; echo was abnormal on June 27, 2018; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient failed to achieve target heart rate.  Patient achieved 68 % of Age Predicted Maximal Heart Rate(APMHR).  There was no new ST segment depression.  All of the left ventricle segments augment appropriately.  The left ventricular ejection frac; 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 less than 20	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		hx of hypertension, chest pain sob by activity; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		hypertension  3. hyperlipidemia  4. chest pain  Mr Tribble is a 58 yr old male who presents for return visit. No known history of CAD. DSE in 2016 was low risk for ischemia with EF 50%. Echo January 2017 revealed EF 50-55% with no significant valvula; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		hypertension, obesity, will be a treadmill test, EKG shows RBBB; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		It is not known if the patient is diabetic.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Left-sided chest pain, hypertriglyceridemia, edema, and shortness of breath.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/27/2018; There has been treatment or conservative therapy.; Bilateral leg swelling, complains of shortness of breath and chest discomfort, present for the past several months. Describes sharp mid chest pain, occurs with and without exertion, and no associated symptoms.; Patient given Lasix for edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient has had a exercise stress and was unable to achieve target. Unable to get stress echo as our facility does offer that. Stress echo only available within 60 mile radius.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient has syncope, high cholesterol, hyperlipidemia, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient having chest pain, and its associated with shortness of breath. with exertion with exercise. he has hyperlipidemia and family history of cad, and this will be a exercise nuclear stress test.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is a 44 year old African American Female.  HPI: Ms. Martin is a 43 y/o AAW with h/o HTN, renal insufficiency, and CHF, here for hospital follow up. She says that she has been doing well. She has not had any more chest pains or pressure and her; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of chest pain located in left precordium, radiating to his left arm and worsening edema in both ankles. Abnormal EKG and family history of coronary artery disease.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mr. Bryan is a 49 y/o WM with no significant medical history, here to establish cardiac care. He states he went to the ER about 1 month ago for complaints of right-sided chest pain which he described as sharp. He experienced extreme nausea associated w; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mr. Davidson is referred for abnormal ECG. He has had episodes of wheezing and dyspnea as well as palpitations, particularly with activity such as lifting. Symptoms occur with strenuous activity, started about a month ago. No exertional limitations prior.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mr. Reddig is self-referred after intermediate coronary calcium scoring. He is being treated for anxiety with zolof. He has occasional left-sided chest discomfort, feels like anxiety to him. His wife is a physician, pediatrician in LR, Dr. Jones.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mr. Shaw is referred after a recent diaphoretic episode concerning for cardiac etiology. He states he has had intermittent episodes for the last year. Last week had a profound episode of diaphoresis, lasted 30 minutes, while at rest. He went to the ER at.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of dyspnea on exertion, moderate in severity with no resolving factors. Abnormal EKG. History of cardiac murmur, hypertension, diabetes mellitus and morbid obesity; This study is 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; Dyspnea on exertion, cardiac murmur, diabetes mellitus, hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of left arm numbness and dyspnea on exertion that moderate in severity. Abnormal EKG. Family history of coronary artery disease; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise; This is NOT a Medicare member; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of mid precordial chest pain associated with dyspnea that is severe in intensity and no resolution. History of Abnormal EKG, hypertension, hyperlipidemia and hypercholesterolemia; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of precordial chest pain associated with dyspnea. Abnormal EKG. Family history of Coronary artery disease; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise; This is NOT a Medicare member; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of precordial chest pain associated with dyspnea. Symptoms are randomly occurring with no resolution. Abnormal EKG and history of pericardial effusion; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mrs. Cain is here today with c/o intermittent mid sternal cp. She denies any radiation, dizziness, nausea or SOB with episodes. She does admit to having episodes of diaphoresis. Currently c/o cp at 2 on 1 - 10 scale. States that she was recently diagnosed; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Irons is referred for cardiac evaluation. He has a chronic past medical history of hypertension, obesity, and tobacco use. She presents to the office today with complaints of worsening symptoms of dizziness and generalized weakness. She checks her; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms. Raddle presents for 6 month follow up. She has a chronic past medical history of mild nonobstructive CAD, PVD, hypertension, diabetes, obesity, anxiety and former tobacco use. She is scheduled for abdominal surgery to remove a large polyp in September; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		MS. Reynolds is a 60 yo wmn who was last seen 4/11/18. (Ms. Reynolds comes to the Vascular Institute for an annual visit secondary to reports of limb pain in the presence of risk factors for PVD including diabetes. Today, complains of aching and heaviness; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Multi-vessel coronary artery disease status post PCI with most recent being PCI to LAD 06/2017 ; 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; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of sharp chest pain located mid precordium associated with dyspnea and heart palpitations. Symptoms are random with spontaneous resolution. Abnormal EKG.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of sharp left precordial chest pain associated with dyspnea and no resolution. Abnormal EKG, Hypertension and morbid obesity.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is having episodes of atrial fibrillation, shortness of breath, chest tightness and dyspnea on exertion. Symptoms are randomly occurring without resolution.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is having episodes of precordial chest pain associated with dyspnea. Abnormal EKG. History of hypertension and cardiac murmur.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		PATIENT LOW BACK AND LEG PAIN, PATIENT IS OBEASE, HAS SHORTNESS OF BREATH AND DIZZINESS; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Nondiagnostic stress test due to submaximal heart rate response.: Pressure like chest pain and dyspnea for 2-3 weeks.  Hypertension Hyperlipidemia Diabetes COPD; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		None; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		palpitations, fatigue, patient is a smoker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient had exercise treadmill test 2 years ago that was negative.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has a previous history of a cerebrovascular accident, hypertensive disorder, and 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		PATIENT HAS HISTORY OF CORONARY ARTERY DISEASE WITH STENT, CONGESTIVE HEART FAILURE, HYPERTENSION, AND CHEST PAIN. PATIENT WAS RECENTLY IN A MOTOR VEHICLE ACCIDENT AND UNABLE TO WALK OR RUN ON TREADMILL.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient has strong family history of heart disease; former smoker, no longer smoking.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient having more chest pain since stent placement, progressive along with SOB/DOE. Has known CAD, hyperlipidemia, diabetes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is a 43 year old African American Male.  HPI: Mr. Barnes is a 43 y/o AAM with no significant past medical history other than obesity, who is referred today for cardiac evaluation. He presents to the office today with complaints of chest pain w; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient needing DOT clearance; hx of CAD, cardiac stents; ongoing dyspnea on exertion; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient scheduled for stress test, not completed yet. Elevated LDL, HDL and cholesterol levels, overweight, family history of heart disease.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient unable to walk on a treadmill; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient very obese, w/heart murmur, unable to get on treadmill due to 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		PATIENT WILL BE WALKING ON TREADMILL. PATIENT HAS CARDIAC FACTORS: DIABETES, HYPERTENSION,  Hyperlipidemia. FAMILY HISTORY OF MYOCARDIAL INFARCTION. STRESS ECHO NOT AVAILABLE WITHIN A 68 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 20 to 29	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is a 45 year-old male who is referred here from Dr. Roller's office for preoperative cardiac clearance for RNY gastric bypass surgery.  Patient has obesity for many years and has tried lifestyle modification and medical management which has not b; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of left precordial chest pain with dyspnea on exertion. Abnormal EKG and cardiac murmur.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of pressure and pain located mid precordium radiating to his neck and jaw. It is associated with dyspnea and dyspnea on exertion, severe in intensity with no resolution. Abnormal EKG. Patient cannot exercise on a treadmill; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient is obese, has a lumbar disc and cerv disc herniated. And cannot walk on a treadmill; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient presents with worsening chest pain, shortness of breath, dyspnea on exertion, palpitations, tachycardia, lower extremity edema, dizziness, and elevated blood pressure. Abnormal EKG, obesity, family history of hypertension and diabetes.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient with severe chest pain, waxing and waning; SOB; and non-specific EKG changes; global body discomfort and difficulty with ambulation; and mitral and tricuspid valve insufficiency; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt attempted stress echo on 7/5/18. Unable to reach target HR due to shortness of breath.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt cannot do treadmill do to EKG.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt has family hx 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt states that overall he has been doing well, denies CP or SOB. He does have a hx of dizziness and feels like it has slightly worsened. Pt was riding his motorcycle last month when he began to have dizziness and sweating. He pulled over and took off his ; 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 myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient was seen in clinic for new onset of chest pain along with shortness of breath. Patient has left sided chest pain that radiates down his left arm and into his neck. Electrocardiogram shows incomplete right bundle branch block with a left axis dev; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient with abnormal ekg, patient is obese and can not get on treadmill; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient with chest heaviness; uses cane to ambulate so unable to walk a treadmill; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient with complaints of chest pain, SOB, and abn ekg attempted treadmill echo but was unable to reach target heart rate due to recent foot fx; she also had chest pain 1:30 into the test; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient with new onset of chest pain and dizziness & lethargy for past week; pt w hx of CABG and aortic valve replacement in 2015; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pre-op evaluation for bariatric surgery. Pt is exhibiting some shortness of breath on exertion. Mult. risk factors, family hx of heart disease.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		pt with several risk factors for CAD. diabetic, over 55, immediate family with CAD, smoker. c/o chest pain and shortness of breath; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt. had an ETT which he couldn't complete d/t SOB and dizziness. Pt. can't walk on treadmill-MDO wants to r/o CAD.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		r/o elevated c protein; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		R/O Mitral regurgitation and an 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. CAD s/p PCI  2. HTN   History of Present Illness  HPI:  Comes in for fu. He has history of HTN, HLD, CAD s/p PCI (2010), gout, and chronic low back pain. He is c/o right sided sharp discomfort on and off. Denie; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		pt c/o chest pain. has abnormal ekg. anterolateral ST elevation and negative precordial T waves; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt has had elevated serum triglycerides unfortunately as high as 700; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		PT has pulmonary disease, copd, and has a cervical spine problem; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt here for initial cardiology consultation for abnormal ekg. She was seeing Dr. Mitchell for routine followup and her ekg is abnormal. She has a family history of cabg which was her paternal grandmother. She has a history of degenerative joint disease an; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt reports numbness and tingling in her fingers, esp when driving in the car. She just got back from a vacation with friends in Alaska. She reports a feeling of heaviness in legs and arms with exertional activity. She has some exertional SOB. States she 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Recent onset of dyspnea on exertion with associated dizziness. First noted monday morning, felt like anxiety attack (he was doing recorded interview at the time), he actually slide to the floor with the initial episode. Severe DOE. relieved with rest. Ab; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Recurrent anginal chest pain raises the likelihood of intrastent stenosis or progression of native 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Recurrent chest pain that has mixed features, sometimes exertional, other times not, sometimes pressure mainly in the retrosternal area associated with multiple risk factors for coronary artery disease. She was seen for the same complaints several months; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ronald D Dulle is here at the request of Dr. Justice for consultation and diagnostic testing, as needed, due to shortness of breath. He is a 57 year old man who comes in for further evaluation of shortness of breath, dyspnea on exertion that has been goi; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Sinus bradycardia with heart rate of 55 bpm. ST-T wave abnormalities suggestive of ischemia. Chest pain - Will get treadmill nuclear stress test to evaluate for ischemia. palpitations and chest pain on exertion This is a pleasant 33 y/o female here; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. 9 month f/u appt - CAD    History of Present Illness  HPI:  Mr Newsom comes in for annual follow-up. He continues to do well. He complains of some muscle aches which he believes is due to his Statin. He actually; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. Abnormal Keep the Beat Scan    History of Present Illness  HPI:  Mrs Jones is a 49 year old female here to follow up on an abnormal Keep the Beat scan from 8/2018. She was noted to have an abnormal EKG, Calcium 5; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/ or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. Annual follow up - CAD    History of Present Illness  HPI:  Mr Whitlow comes in for annual follow-up. He has done well since last hospitalization. Echo after last visit still showed mild moderate LV dysfunction w; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. Chest pain  2. Syncope  3. SOB  4. Obesity  5. Fatigue    Vital Signs  HR 95 /min, BP 155/94 mm Hg, Ht 67 in, Wt 331.6 lbs, BMI 51.93 index, Oxygen sat 97 %, Pain scale 0 1-10.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		SOB WITH EXERTION FOR MORE THAN 4 WEEKS, CT CHEST NORMAL NEVER SMOKED, NO HX OF CAD, HX ONLY OF HYPOTHYROIDISM, NO PREV CARDIAC WORKUP; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		substernal chest pain with 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		substernal chest pain smoked 20 years; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Summary  Nondiagnostic stress echo for myocardial ischemia. Patient failed to  achieve the 85% target heart rate despite the use of 2 mg IV  atropine  Consider an alternative diagnostic modalities such as Lexiscan MPI,  coronary CT angiogram or; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		the patient has had he had a coronary angiogram done June 2015 which showed widely patent LAD stented segment and otherwise no other high-grade DeNovo disease with normal ejection. he is having recurrent chest discomfort described as 'tightness' that radi; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/ or nitroglycerin; There is no physical restriction to the member's ability to exercise	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is having chest pressure and light head; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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).; This is NOT a Medicare member.; The patient is less than 45 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. Hospital follow up    History of Present Illness  HPI:  Mrs Safley comes in for hospital f/u. He was seen on 13 July and was felt to be doing fairly well. He came back approximately two weeks later with severe ch; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Reason for Appointment  1. New patient    History of Present Illness  HPI:  Cardiology consultation for this 41-year-old gentleman. This woman comes today with chief complaint of chest pain dyspnea on exertion and fatigue. He has noticed o; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Recurrent episodes of chest pain suspicious for his previous 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Rule out CAD; This study is being ordered for Vascular Disease.; 09/12/2018; There has been treatment or conservative therapy.; SOB , Hypertension, fatigue and weakness and lower extremity edema; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Sharp Lt Anterior Chest pain radiating to back  shortness of breath with exertion  fatigue  dizziness without syncope  ankle edema; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		She has been through lot of stress as her son involved in motor cycle accident and was in hospital for long time. Had episode of dizziness few days back and not sure if she passed out. Diagnosed with DM recently and started on metformin. Was diagnosed.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		She was referred for evaluation of shortness of breath and chest discomfort.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Shortness of Breath w/ activity: yes  A 63 y/o with hx of CAD, DM2, OSA, and HTN who presents to establish care. He has DOE that is bothersome to him. Will get MPI and TTE to evaluate. He lives in Alpena and is hoping to have further cardiology f/u.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		significant family hx of CAD, palpitations, syncope. HLD, COPD, GERD, DIZZINESS; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Stress test is ordered and pending. EKG ordered.; 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 myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Suspected CAD; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Syncope.Supra Ventricular Tachycardia; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient has diabetes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is 65 or older.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		the patient has edema he has swelling that is why they are asking for mpi test, cardiomyopathy, and chest pain, and SOB.; 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.; The patient does not have known diabetes	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient has not had a recent stress echocardiogram.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Pre-operative Evaluation; The patient has not had a stress echocardiogram within the past eight weeks.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is a 42-year-old female with history of sick sinus syndrome, status post pacemaker. She is here for evaluation of chest pain, not associated with exercise, as she works out regularly. It may be related stress, but she is not sure. It is usual; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	32
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 does not have diabetes.; 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 is 65 or older.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.; 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 not been greater than 5 years since cardiac testing has been performed	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient does NOT have cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); This is NOT for a preoperative evaluation of a non cardiac surgery involving general anesthesia; It is unknown if it has been greater than 5 years since cardiac testing has been performed	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 not been greater than 5 years since cardiac testing has been performed	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by a previous cardiac surgery/angioplasty; The patient has not had a stress echocardiogram within the past eight weeks.	20
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by a previous stress echocardiogram, Myocardial Perfusion Imaging, or stress EKG; The patient has not had a stress echocardiogram within the past eight weeks.	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); It is not known if the patient has diabetes; This is a Medicare member.	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.	27
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes; This is NOT a Medicare member; The patient is 65 or older.	22
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient presents for initial electrophysiology evaluation. She is a dentist and comes in today with her husband, a pain management doctor. Has been having skipped beats for a while. Heaviness left side of chest with radiation at times into L arm. Has had; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient is less than 45 years old; The patient does not have known diabetes	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	94
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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; 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 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by a previous myocardial infarction; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	77
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient does not have diabetes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is 65 or older.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient presents for initial electrophysiology evaluation, referred by Dr Watson. BP has been low and has felt tired with irregular heart beats, better after starting thyroid meds but still feel her heart beat slow. Has occasional SOB. Never fainted.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	20
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	21
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Post-operative (Cardiac Surgery, Angioplasty or stent) Evaluation; It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient has known diabetes	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Post MI (Myocardial Infarction) Evaluation; It has been greater than 2 years since the surgery/procedure or last cardiac imaging.; The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		this test will be a chemical stress test due to patient's spinal abnormalities. this patient is unable to walk on treadmill for plain treadmill stress test or stress echocardiogram; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		tingling and numbness in arms and legs getting worse; This study is being ordered for Vascular Disease.; 45 years ago; There has not been any treatment or conservative therapy.; palpitations, chest pain, chest tightness and pressure, tightness and pain in jaw.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Type 2 diabetes mellitus without complications; 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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Type 2 diabetes mellitus without complications; 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 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Unknown; This study is being ordered for Vascular Disease.; Heart Catheterization Feb 2018; There has been treatment or conservative therapy.; Chest pain and shortness of breathe.; Heart Catheterization in Feb; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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 consistent with a valve disease.;	1
Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; unknown	1

Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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 cardiomyopathy or myocarditis.; MYOCADIAL INFARCT,HYPERTENSION, CAD	1
Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; 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 consistent with a valve disease.; There are documented clinical findings consistent with hypertension.;	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This study is 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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This study is 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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		35 year old with chest pain and shortness of breath; This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Assessment 1. Shortness of breath (786.05) (R06.02) 2. Atherosclerotic heart disease of native coronary artery without angina pectoris (414.01) (I25.10) 3. Hyperlipidemia (272.4) (E78.5) 4. Hypertension (401.9) (I10); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 40 YO with hx of CAD, who initially presented to the ER with inferior STEMI, emergent cardiac cath showed large thrombus in the left main with distal embolization to LAD and OM Underwent emergent CABG x2 with RIMA-LAD, SVG-OM and was placed on chronic A; There has been treatment or conservative therapy.; Symptoms since the last visit: chest pain , dyspnea and reduced exercise tolerance.; Patient has a history of with myocardial infarction. Treatment of ASHD includes cardiac catheterization and CABG x2  Patient has a history of cardiomyopathy, that is ischemic. He reports a history of systolic CHF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		associated with nausea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/05/2018; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, edema, hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		CAD BEING MEDICALLY MANAGED BUT PT IS HAVING CHEST PAIN AND SOB WITH EXERTION; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		ER / /u for CP. He state that the day prior to him going to the ER he was outside working and began to feel an heaviness in his chest that then went into both of his arms. He went inside and rested and the heaviness improved. He states that the next day 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.; NOT SURE OF DATE BUT PT WENT TO ER RECENTLY WITH CHEST PAIN THAT WENT INTO BOTH ARMS; It is not known if there has been any treatment or conservative therapy.; CHEST PRESSURE AND SOB. OCCASIONAL PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Newly diagnosed persistent atrial fibrillation, anticoagulated with Xarelto 20 mg daily. Symptomatic with low energy level and decreased exercise tolerance.; 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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Patient is experiencing episodes of dyspnea on exertion, moderate in severity with no resolving factors. Abnormal EKG. History of cardiac murmur, hypertension, diabetes mellitus and morbid obesity.; This study is 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.; Dyspnea on exertion, cardiac murmur, diabetes mellitus, hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Rule out CAD; This study is being ordered for Vascular Disease.; 09/12/2018; There has been treatment or conservative therapy.; SOB , Hypertension, fatigue and weakness and lower extremity edema; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is 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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	11
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this for the initial evaluation of a pericardial disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	9
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are 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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	14
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves; This is an annual re-evaluation of artificial heart valves; It has been at least 12 months since the last echocardiogram was performed.	8
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves; This is an annual review of known valve disease; It has been 10 - 11 months since the last echocardiogram.	1

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	7
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	32
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	15
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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); 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	52
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	15
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a MERCY CLINIC RADIOLOGY ROGERS evaluation of Burl W Owen is a 62 y.o. male who is a known case of he describes dyspnea on minimal exertion which is progressively getting worse associated with fatigue weakness a malaise . These symptoms are often; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a MERCY CLINIC RADIOLOGY ROGERS evaluation of Tad J Kardynalski is a 52 y.o. male who is a known case of He describes retrosternal chest pain, often "squeezing in nature", sometimes through to the back and radiating to one or both arms and someti; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	14
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has diabetes.; This is a Medicare member.	11
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	10
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is a Medicare member.; This study is being ordered for 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	7
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		type 2 diabetic, hyperlipidemia, hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; ; 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's age is between 45 and 64 years old.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.; The patient has not had a stress echocardiogram within the past eight weeks.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done.; 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 not 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		UNKNOWN; This study is being ordered for trauma or injury.; 08/01/2018; It is not known if there has been any treatment or conservative therapy.; ATRIAL FIBRILLATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Unknown; This study is being ordered for Vascular Disease.; 08/01/2016; There has not been any treatment or conservative therapy.; Palpitations x2yrs, sharp CP for 3-4 days; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unstable chest pain, pressure, severe daily exertional and at rest; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		will attach clinicals; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		will fax in clinicals if needed; 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	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.; There are stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; Exercise sestamibi stress test positive for myocardial ischemia. Pt having SOB CATH: EF 35-40%  Mild coronary artery disease. Mild dilated cardiomyopathy.	1

Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; &t; Enter answer here - or Type In Unknown If No Info Given. &t;	1
Cardiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Glen presents to the office today for work-in due to chest discomfort. He describes burning sensation in his chest intermittently, can occur with exertion. He has only taken 1 nitroglycerin for it. Otherwise it resolves spontaneously. I am worried thi; 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		PT HAS CHEST PAINS, AND SOB; NEED TO MAKE SURE NOT HAVING ANOTHER PE; This study is 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 PULMONARY EMBOLISM, HAVING CP, AND SOB; There has been treatment or conservative therapy.; PT HAVING CP, SOB, AND ^ FATIGUE; PT HAS A IVC FILTER, ON 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		patient with abnormal ekg, fatigue and htn; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		PT HAS CHEST PAINS, AND SHORTNESS OF BREATH, WITH ABN EKG, PT ALSO HAS HYPERTENSION PT HAS A STONG FAMILY HISTORY OF HEART DISEASE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAS CHEST PAINS, AND SHORTNESS OF BREATH, WITH ABN EKG, PT ALSO HAS HYPERTENSION PT HAS A STONG FAMILY HISTORY OF HEART DISEASE. PT IS NEEDING A STRESS ECHO AND A TRANSTHORACIC ECHOCARDIOGRAM; It is not known if there has been any treatment or conservative therapy.; PT HAS CHEST PAINS, AND SHORTNESS OF BREATH, WITH ABN EKG, PT ALSO HAS HYPERTENSION PT HAS A STONG FAMILY HISTORY OF HEART DISEASE.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	12
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown what type of cardiac valve conditions apply to this patient.; 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.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	5

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	5
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	3
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	17
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	16
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this for the initial evaluation of a pericardial disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	3
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 clinical symptoms supporting a suspicion of structural heart disease.	13
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	115
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; There has been a change in clinical status since the last echocardiogram.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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).	9
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 patient's cardiac symptoms.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	73
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	50
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has diabetes.; This is a Medicare member.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		UNKNOWN; This study is being ordered for trauma or injury.; 08/01/2018; It is not known if there has been any treatment or conservative therapy.; ATRIAL FIBRILLATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		We will obtain an echo to look for structural abnormality.; Obtain a stress echo due to the patient's chest pain and shortness of breath.; Obtain a Holter monitor to better evaluate the patient's palpitations.; This study is 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/JUNE 2018; There has not been any treatment or conservative therapy.; Chest pain.; Shortness of breath.; Palpitations.; Dizziness.; Fatigue.; Preoperative clearance. The patient needs a breast biopsy.; Borderline overweight with a BMI of 25.2.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		< 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.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 for the initial evaluation of heart failure.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; This is NOT for the initial evaluation of heart failure.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	31
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	33
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	11

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	47
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		tingling and numbness in arms and legs getting worse; This study is being ordered for Vascular Disease.; 45 years ago; There has not been any treatment or conservative therapy.; palpitations, chest pain, chest tightness and pressure, tightness and pain in jaw.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	13
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	4
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		< 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 cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		Mr. Eddington is a 64 year old man who presents for short cycle follow up after seeing his PCP Dr. Card to address his chronic medical issues, which are stable. He had an A1c drawn then on 10/18 which came back around 10. His most recently one previous ; This study is being ordered for Vascular Disease.; His LDL cholesterol was 43 in October 2017. Because of the shortness of breath I will obtain a transthoracic echo to assess for the development of structural heart disease and a dobutamine stress echo to assess for myocardial ischemia. He will hold 2 dos; There has been treatment or conservative therapy.; EOE revealed swelling on the lower right with redness and warm. IOE revealed large decay at the #30. PA x-ray film was taken and reviewed in full. #30 has perialipari radiolucency. Percussion test on #30 revealed positive response but percussion test on #2; The patient is here for further evaluation and management after ST segment elevation myocardial infarction. He was admitted on December 2, 2016 with inferior ST segment elevation. Coronary angiography revealed a 90% hazy lesion in the distal segment of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		The patient is presenting new symptoms of chest pain or increasing shortness of breath; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	6
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	4
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		unknown; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			; This is a request for a Stress Echocardiogram; This patient had a Nuclear Cardiology study within past 8 weeks.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			Other chest 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.; Unknown; There has not been any treatment or conservative therapy.; Other chest pain. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous myocardial infarction.	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			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.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	7
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			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.	7
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			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.	8
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1
Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.		1
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT		2
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT		1
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	1. Intellectual functioning disability - there is a question of marfan syndrome, gf had aneurysm F79: Unspecified intellectual disabilities CT, ANGIOGRAM, CHEST, W/ CONTRAST Rule Out: 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
Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Ms Thurskill is here today with c/o rash to left forearm that is very itchy. She is c/o right ear pain with some drainage. Also states that she is still having blood leaking in panties and is concerned about that still. Requesting refills on claritin D.; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has none of the above	1
Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Her blood pressures have run in the 140-150 systolic range for the most part. She has had some bimodal headaches recently which her doctors were attributing to her blood pressure and suggesting that this could be alleviated by left nephrectomy. Patie; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Bilateral renal artery stenosis by history, status post bilateral renal artery stents. Left kidney is reportedly atrophic; not sure if left renal function is present or not. Patient has refractory hypertension. Patency of renal artery stents is uncerta; It is not known if there has been any treatment or conservative therapy.; increased blood pressure causing headaches. She says she had a CT angiogram that showed that her right renal stent was patent but her left renal stent could not be well visualized. 1 of her doctors apparently told her she could have a Goldblatt kidney an; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Cardiology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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
Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	3
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	2
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Patient with a history of early onset coronary artery disease with a complaint of chest pain radiating to mid back and decreased exercise tolerance. Patient has a history of palpitations and hypertension. Patient is obese and is a current smoker.; 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	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.; chest pain with atypical features. This gentleman has had previous noninvasive workup with a stress test about 2 years ago; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.; For the patient's chest pain, given her nonspecific ST-T wave changes and her chest pain, I am worried about anomalous coronaries. Therefore, we will obtain a CT coronary angiogram to evaluate her coronary artery origins. Hannah L. Cresto is a 22-year-old.; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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 PAIN WITH HIGH CALCIUM SCORE	1

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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 pain, dyspnea, and fatigue	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; DIZZINESS, HYPERTENSION, WEAKNESS, AND HYPERLIPIDEMIA.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; SHORTNESS OF BREATH WITH AN ELEVATED CALCIUM SCORE.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; None of the above.; Concern for congenital heart disease, having syncope with exertion.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; Pt here for followup of palpitations and cardiac pvc's. He is wearing an event monitor. He has occasional chest pain. No syncope. He is shaky and trembling. He called the office as he is feeling bad and asked to come in for evaluation.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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)?;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	#1 ASD: She had an echocardiogram about 4 years ago at the heart Hospital. She is told she had a small hole in her heart. She was not anticoagulated. Her EKG has a right bundle branch block. She describes symptoms of tachycardia.  #2 SVT: I'm suspicious, 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 not known	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CTA 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CTA 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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; Ms. Nalls is a 46 year old BW with a chronic past medical history of palpitations, hypertension, diabetes, and obesity. She is here today for 3 month follow up. She had complained of dizziness at her last visit but this has since resolved. She complain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Abnormal stress electrocardiogram test using treadmill; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	angina, shortness of breath, congested heart failure, asthma; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Atherosclerotic disease of the coronary artery without angina pectoris. Hypertension. Mixed hyperlipidemia. Bradycardia. Status post percutaneous transluminal coronary angioplasty; This study is 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.; CHEST PAIN AND BRADY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, shortness of breath, dizziness, hypertension, diabetes,cardiomyopathy, unable to walk on a treadmill due to back pain; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, shortness of breath, edema, dizziness.; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/angina, Abn EKG, and No Stress Echos done within 60mile 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 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	DUE TO PE, AND HAVING CP, AND SOB, NEED TO MAKE SURE NOT HAVING ANOTHER PE; This study is 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 PULMONARY EMBOLISM, HAVING CP, AND SOB; There has been treatment or conservative therapy.; PT HAVING CP, SOB, AND ^ FATIGUE; PT HAS A IVC FILTER, ON MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlited CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	fam hx of ca, hyperlipidemia, diabetes, reastrosternal chest pain; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	HX OF CAD PCI X3 SINCE 2016 MOST RECENT 2/17/18 Left Heart Cath Left Ventricular Angiogram Coronary Angiogram STENT x 2 to Right Coronary Artery. PT IS HAVING CHEST PAIN AND SOB WITH EXERTION. PAIN IN LEFT SIDE OF NECK AND HEAD. ALSO HAVING SOME BRADYCA; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension Hyperlipidemia Diabetes COPD Current every day 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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Rhodes is a 63 y/o male with a h/o CAD s/p, HTN, Hyperlipidemia, Diastolic Dysfunction, PVCs, and DM here for late 6 month f/u appt. On last visit hypertensive and Norvas increased. Since reports improved blood pressures. He reports increased; 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	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	122
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram; To evaluate the heart prior to non-cardiac surgery; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		Unknown; This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1

Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient has CAD and Aortic Aneurysm. Patient had heart cath. Patient has ongoing fatigue and chest pain.; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; Coronary artery disease: Having increased fatigue, shortness of breath worsening last few months. Hx known CAD with LAD proximal calcified 50% lesion and D1 with 60% ostial stenosis per coronary angiogram 7/2014. Risk factors include known CAD, obesity.; medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology coronary artery disease: He recently presented with unstable angina. He underwent stenting to the circumflex and RCA. Return 24 hours later with recurrent pain. He had a stent thrombosis. He was then switched to Effient. His blood pressures doing better.; 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
Cardiology	Disapproval	72125 Computed tomography, cervical spine, without contrast material	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Cope is a 64 y/o WW with h/o GERD and HLD, here to establish cardiac care. She says that she has been having excessive fatigue and shortness of breath lately with exertion. She says that she has also had pressure on her chest. She says that this is; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; SOB and progressive fatigue. See previous notation.; There has not been any treatment or conservative therapy.; SOB and 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	None; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ongoing chest pain, lots of CAD with numerous stents; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient experiencing SOB and palpitations with minimal 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 pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material	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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material	Radiology Services Denied Not Medically Necessary	History of TIA., cervical and lower back 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.; There is weakness.; History of TIA., cervical and lower back problems; 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
Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient has CAD and Aortic Aneurysm. Patient had heart cath. Patient has ongoing fatigue and chest pain.; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; Coronary artery disease: Having increased fatigue, shortness of breath worsening last few months. Hx known CAD with LAD proximal calcified 50% lesion and D1 with 60% ostial stenosis per coronary angiogram 7/2014. Risk factors include known CAD, obesity.; medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Abn stress test; This is a request for a CT scan for evaluation of coronary calcification.	1

Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	2	
Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Her blood pressures have run in the 140-150 systolic range for the most part. She has had some bitemporal headaches recently which her doctors were attributing to her blood pressure and suggesting that this could be alleviated by left nephrectomy. Patie; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Bilateral renal artery stenosis by history, status post bilateral renal artery stents. Left kidney is reportedly atrophic; not sure if left renal function is present or not. Patient has refractory hypertension. Patency of renal artery stents is uncerta; It is not known if there has been any treatment or conservative therapy.; increased blood pressure causing headaches. She says she had a CT angiogram that showed that her right renal stent was patent but her left renal stent could not be well visualized. 1 of her doctors apparently told her she could have a Goldblatt kidney an; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has known CAD with new symptoms of exertional chest pain, Has diabetes, uncontrolled hypertension; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pure hypercholesterolemia, 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 disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	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 a Medicare member.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); It has not been greater than 2 years since the surgery/procedure or last cardiac imaging	1	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient reports having intermittent episodes of chest pain that are nonexertional and predominantly right-sided, not associated with diaphoresis or significant shortness of breath. He does report shortness of breath that has been present for the past; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 member has known or suspected coronary artery disease.	1	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	
Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	1	

Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.; ; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.; Additional ClinThis 19 year-old lady with a strong family history of coronary artery disease returned to clinic after Echocardiogram and implementation of antireflux measures. Echocardiogram revealed normal left ventricular function and no valvular disea; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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 PAIN AND SHORTNESS OF BREATH.	2
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; S/P AVR WITH SOB AND CHEST PAIN	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; Abn EKG shows infarction	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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); SUSPECTED CORONARY ARTERY DISEASE.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 cardiac septal defect.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	worsening clinical status; 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	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This is a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Abnormal EKG; This study is 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 mths ago - Chest pain symptoms that is described as left sided, radiating between shoulder blades. Symptoms occur mostly at night. Some DOE.; There has not been any treatment or conservative therapy.; See previous; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Left-sided chest pain, hypertriglyceridemia, edema, and shortness of breath.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/27/2018; There has been treatment or conservative therapy.; Bilateral leg swelling, complains of shortness of breath and chest discomfort, present for the past several months. Describes sharp mid chest pain, occurs with and without exertion, and no associated symptoms.; Patient given Lasix for edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Mr. Eddington is a 64 year old man who presents for short cycle follow up after seeing his PCP Dr. Card to address his chronic medical issues, which are stable. He had an A1c drawn then on 10/18 which came back around 10. His most recently one previous ; This study is being ordered for Vascular Disease.; His LDL cholesterol was 43 in October 2017. Because of the shortness of breath I will obtain a transthoracic echo to assess for the development of structural heart disease and a dobutamine stress echo to assess for myocardial ischemia. He will hold 2 dos; There has been treatment or conservative therapy.; EOE revealed swelling on the lower right with redness and warm. IOE revealed large decay at the #30. PA x-ray film was taken and reviewed in full. #30 has periapical radiolucency. Percussion test on #30 revealed positive response but percussion test on #2; The patient is here for further evaluation and management after ST segment elevation myocardial infarction. He was admitted on December 2, 2016 with inferior ST segment elevation. Coronary angiography revealed a 90% hazy lesion in the distal segment of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; SOB and progressive fatigue. See previous notation; There has not been any treatment or conservative therapy.; SOB and 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
Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	9
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type in Unknown If No Info Given. &t; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type in Unknown If No Info Given. &t; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 less than 20	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 known or suspected coronary artery disease.; The BMI is 30 to 39	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); 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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Other chest 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.; Unknown; There has not been any treatment or conservative therapy.; Other chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	3
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 disease.; It has been 4-6 months since the last echocardiogram.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 recent heart attack or hypertensive heart disease.	5
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 Pulmonary Hypertension.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; 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
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Vascular Disease.; 08/01/2016; There has not been any treatment or conservative therapy.; Palpitations x2yrs, sharp CP for 3-4 days; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Patient states that she has been having chest pain on and off for the past two weeks. Patient states that the weekend before last was the worst episode with patient having chest pain on left side of chest with radiation to left arm. Patient states the pai; This study is 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  Dyspnea  HTN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	patient with chest pain and abnormal ekg; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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, coronary angioplasty or stent; The member has known or suspected coronary artery disease; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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, coronary angioplasty or stent; The member has known or suspected coronary artery disease; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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;; Reason for Appointment   1. Thoracic aortic aneurysm  2. Hypertension  3. Diabetes mellitus    History of Present Illness  HPI:  Pt here for followup of hypertension and recently diagnosed with diabetes mellitus. He denies any chest pain; Reason for Appointment  1. Thoracic aortic aneurysm  2. Hypertension  3. Diabetes mellitus    History of Present Illness  HPI:  Pt here for followup of hypertension and recently diagnosed with diabetes mellitus. He denies any chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease;; There has not been any treatment or conservative therapy;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1 ASD: She had an echocardiogram about 4 years ago at the heart Hospital. She is told she had a small hole in her heart. She was not anticoagulated. Her EKG has a right bundle branch block. She describes symptoms of tachycardia.  #2 SVT: I'm suspicious; 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Chest pain- atypical 2. Syncope- likely orthostatic 3. DM-II On insulin diagnosed 2015 years better controlled lately HTN since 2013 OSA; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	40-year-old white female who presents with episodes of tachycardia chest pain shortness of breath and dyspnea on exertion  The patient states that on occasion she has these episodes where heart takes often races and then drops out real quickly this can; 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	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	PT HAS CHEST PAINS, AND SHORTNESS OF BREATH, WITH ABN EKG, PT ALSO HAS HYPERTENSION PT HAS A STONG FAMILY HISTORY OF HEART DISEASE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; PT HAS CHEST PAINS, AND SHORTNESS OF BREATH, WITH ABN EKG, PT ALSO HAS HYPERTENSION PT HAS A STONG FAMILY HISTORY OF HEART DISEASE. PT IS NEEDING A STRESS ECHO AND A TRANSTHORACIC ECHOCARDIOGRAM; It is not known if there has been any treatment or conservative therapy;; PT HAS CHEST PAINS, AND SHORTNESS OF BREATH, WITH ABN EKG, PT ALSO HAS HYPERTENSION PT HAS A STONG FAMILY HISTORY OF HEART DISEASE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	We will obtain an echo to look for structural abnormality,  Obtain a stress echo due to the patient's chest pain and shortness of breath.  Obtain a Holter monitor to better evaluate the patient's palpitations.; This study is 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/JUNE 2018; There has not been any treatment or conservative therapy.; Chest pain.  Shortness of breath.  Palpitations.  Dizziness.  Fatigue.  Preoperative clearance. The patient needs a breast biopsy.  Borderline overweight with a BMI of 25.2.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Withdrawal	74150 Computed tomography, abdomen; without contrast material		Today she states that the chest pain has been going on about 4 months. It frequently occurs while driving but no significant symptoms with exertion. It is a tightness that occurs in the epigastrium but then moves into her chest until it resolves. She 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.; Victoria Wainwright is a 64 y.o. referred to us for evaluation of unspecified chest pain at the request of Dr. Skrei. Patient has early onset Alzheimer's, complaining of chest pain and SOB.; It is not known if there has been any treatment or conservative therapy.; Chest Pain SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	associated with nausea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/05/2018; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, edema, hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cad, cp, smoker; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Cant do treadmill due to tachycardia; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest Pain substernal radiated Left shoulder, jaw, and back relieved with Nitro  smokes 1 pdp for 29 years  recovering methamphetamine addict x's 3yr  bmi 37  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 coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain with typical and atypical features; Abnormal ECG  Palpitations; DOE; DM; 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 coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Chiropractic Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Chiropractic Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		 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

Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06-01-2018; There has been treatment or conservative therapy.; REDICULAPATHY AND PAIN; CHIRO; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/15/2018; There has been treatment or conservative therapy.; Tingling and numbness w/weakness; Spinal adjusting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		none; This study is being ordered for a neurological disorder.; 11/8/2017; There has been treatment or conservative therapy.; MRI Cervical Spine - Chronic pain, reticular Symptoms, Parathesia . MI Brain - Facial Pain and cluster HHeadaches.; 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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cp.; 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 less than 20	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Features are consistent with angina pectoris.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	LVEF 40% at the Nuclear Stress.; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Honeysuckle is an established patient here an annual check up for hypertension. His most recent stress echo in January 2015 was negative for ischemia. He is here for further evaluation of isolated syncopal episode that occurred 3 weeks ago. He; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms Smallwood is a 53 yo WF with a hx of PSVT s/p ablation, syncope 10/2017 without recurrence, PACs, HTN and OSA who presents for follow up. HA has improved since treated by allergist. C/o fatigue, angina, dyspnea, palpitations, dizziness and n/v. Pt stat; 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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; <Enter Additional Clinical Information>	1
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2

Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/15/2018; There has been treatment or conservative therapy.; Tingling and numbness w/weakness; Spinal adjusting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Rowe presents today for 6 month follow up. She has a chronic past medical history of tobacco use. She was scheduled for a stress test and Echo but she cancelled and refused to reschedule. She presents to the office today with complaints of worsenin; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Watts is referred for lower extremity edema. She has had bilateral lower extremity, worsening over 2 months, constant, severe. She had gastric bypass in 1999. She states she currently has unexplained weight loss and is malnourished. She also has a his; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has history of 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 suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient reports exertional chest pain, she has history of smoking and cervicalcancer.; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient with concerning substernal chest pain radiating to neck, jaw, and shoulder. Also dizziness and an episode of syncope. dyspnea on exertion; due to dizziness/fainting feel a treadmill stress would not be best also patient has long standing asthma; 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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/16/2018; There has been treatment or conservative therapy.; low back pain; chiropratic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		r/o herniated disc; 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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		R/O pelvic mass; cause of low back pain; with a hx of mass.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	5
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	6
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 completed conservative care in the past 3 months or had a spine injection	2
Chiropractic Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		R/O pelvic mass; cause of low back pain; with a hx of mass.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Rona Phillips is a 60-year-old female with vasovagal syncope, ongoing tobacco use, hypothyroidism and depression. She has been experiencing worsening episodes of dyspnea on exertion and chest discomfort with exertion. The patient underwent a stress test.; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She is here with c/o increased DOE and LE edema. She denies chest pain. She reports with any incline, she really gets winded. No orthopnea or PND. She says the swelling in her legs has worsened. She denies palpitations, syncope or near syncope. She recent; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She reports the following symptoms: dyspnea, palpitations, near-syncope, syncope, leg cramping.; 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 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient presents with complaints of gradual onset of intermittent episodes of moderate anterior mid-chest chest pain, described as pressure-like, non-radiating. Episodes started 3 months ago. Symptoms are improved by resting. Symptoms are made worse by; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 known or suspected coronary artery disease	4
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Chiropractic Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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
Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; Acute or Chronic neck and/or back pain; None of the above; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.; &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
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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. &;	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	17
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Today she states that the chest pain has been going on about 4 months. It frequently occurs while driving but no significant symptoms with exertion. It is a tightness that occurs in the epigastrium but then moves into her chest until it resolves. She 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.; Victoria Wainwright is a 64 y.o. referred to us for evaluation of unspecified chest pain at the request of Dr. Skrei. Patient has early onset Alzheimer's, complaining of chest pain and SOB.; It is not known if there has been any treatment or conservative therapy.; Chest Pain SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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 not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; 7/16/2018; There has not been any treatment or conservative therapy.; dizzy upon standing, CAD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; 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
Cardiology	Disapproval	78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Cardiac-imaging PET scan.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; No, the patient does not have symptoms including chest tightness, angina and/or shortness of breath on exertion.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; 07/30/2018; There has been treatment or conservative therapy.; diabetic shortness of breath chest pain; blood work EKG and 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
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	3
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	1. Dyspnea on exertion, intermittent orthopnea, PND. 2. Chest pain, not consistent with his prior angina, but certainly cannot exclude given his history. 3. Coronary disease, prior drug-eluting stent (4.0 x 18 mm) ostium of the LAD in 2013 with mild in-; 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
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Atherosclerotic disease of the coronary artery without angina pectoris. Hypertension. Mixed hyperlipidemia. Bradycardia. Status post percutaneous transluminal coronary angioplasty.; This study is 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.; CHEST PAIN AND BRADY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	clinicals to be attached; 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
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 disease.; It has been 24 months or more since the last echocardiogram.	2
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; It is unknown if there is a change in the patient's cardiac symptoms.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; 7/16/2018; There has not been any treatment or conservative therapy.; dizzy upon standing, CAD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; July 26, 2018; There has been treatment or conservative therapy.; Pain in the neck and shoulder; shoulder pain radiates down the arm into the shoulder from the neck; chronic pain; Chiropractic Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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
Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; It is unknown what if anything else is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		< 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 request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		test was urged by the radiologist who read the ct scan.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Follow up, sever dry mouth; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; 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
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Vascular Disease.; Heart Catheterization Feb 2018; There has been treatment or conservative therapy.; Chest pain and shortness of breathe.; Heart Catheterization in Feb; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1

Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	patient with SOB and abnormal EKG findings and HTN; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Chiropractic Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		none.; This study is being ordered for a neurological disorder.; 11/8/2017; There has been treatment or conservative therapy.; MRI Cervical Spine - Chronic pain, reticular symptoms, Parathesia . MI Brain - Facial Pain and cluster headaches.; 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
Chiropractic Medicine	Approval	71250 Computed tomography, thorax, without contrast material		There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Chiropractic Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		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 trauma or acute injury within 72 hours.; 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.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Dermatology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	History of dermatofibrosarcoma protuberans and increasing size in abdomen, abdomen tender to touch, and early satiety.; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Doctors and Rehabilitation	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		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
Doctors and Rehabilitation	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Chiropractic Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/17/2018; It is not known if there has been any treatment or conservative therapy.; neck pain , back, numbness , aching, can't sit for long periods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1

Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; &Enter Additional Clinical Information>	1
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Patient is having major upper thoracic pain	1
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical spine; without contrast material		.Patient has numbness and tingling; has to use crutches to get around; concern for upper neuron pathology; spinal cord implant in patient; significant decline in neurological status; rule; patient is defusely spasmic; positive Hoffman's; positive clonus i; 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
Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical spine; without contrast material		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
Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy.;" The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		.Patient has numbness and tingling; has to use crutches to get around; concern for upper neuron pathology; spinal cord implant in patient; significant decline in neurological status; rule; patient is defusely spasmic; positive Hoffman's; positive clonus i; 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
Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		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 Computed tomography, lumbar spine; without contrast material		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	6
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; &Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; This is a request for a thoracic 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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; unknown	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for a neurological disorder.; 06-01-2018; There has been treatment or conservative therapy.; REDICULOPATHY AND PAIN; CHIRO; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/17/2018; It is not known if there has been any treatment or conservative therapy.; neck pain , back, numbness , aching, can't sit for long periods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	26
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Unknown; 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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

Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	4
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Recent cervical MRI which showed possible cord impingement at T2-3 from facet joint hypertrophy and she is having thoracic radicular symptoms	1
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 months back pain with intermittent radiation around the anterior chest. He completed 6 weeks of physical therapy with unfortunately limited relief. He's tried muscle relaxants with some relief but these cause sedation. He had trigger point injecti	1
Chiropractic Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<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
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		shoulder stiffness. LROM, instability; 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.; still has chronic pain, unable to sleep well; Tylenol, codeine 300m tablet; The patient received medication other than joint injections(s) or oral analgesics.	1
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; No clinicals available	1
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	10
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Pain and limited range of motion	1
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Chiropractic Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<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,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Alexandria continues to have severe sharp/stabbing constant pain in her right knee after receiving 4 months of conservative treatment. The patient states that her pain is so severe that it is greatly affecting her ADL's; 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 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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

Chiropractic Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Chiropractic Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		Unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Chiropractic Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		back pain; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Chiropractic Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	fatigue poor balance, tingling in upper extremity, speak defects.; 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
Chiropractic Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; July 26, 2018; There has been treatment or conservative therapy.; Pain in the neck and shoulder; shoulder pain radiates down the arm into the shoulder from the neck; chronic pain; Chiropractic Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain in back and neck. numbness in lower extremity; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, instability, Swelling, Redness, Limited range of motion or pain.	1
Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		test was urged by the radiologist who read the ct scan.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Dermatology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Dermatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	History of dermatofibrosarcoma protuberans and increasing size in abdomen, abdomen tender to touch, and early satiety.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72128 Computed tomography, thoracic spine; without contrast material		. Patient has numbness and tingling; has to use crutches to get around; concern for upper neuron pathology; spinal cord implant in patient; significant decline in neurological status; rule; patient is defusely spasmic; positive Hoffman's; positive clonus i; 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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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	2
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Lumbar Spine Inspection: Normal alignment Bony Palpation of the Lumbar Spine: No tenderness of the spinous processes, No tenderness to palpation of the sacroiliac joints, No tenderness to palpation of the greater trochanters, No tenderness of the coccyx; This study is being ordered for trauma or injury.; 07/01/18; There has been treatment or conservative therapy.; midline axial neck pain with significantly decreased cervical range of motion clinically on examination today. As well as back pain 7/10 pain for the last week Neurological test show to have positive Stork test on the left and right sides.; Rest, ice, NSAIDs for several weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Thoracic back pain radiating around the right chest. He has tried physical therapy, chiropractic care, acupuncture and NSAIDs with unfortunately limited sustained relief.	1

Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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 Lumbar Spine Inspection: Normal alignment Bony Palpation of the Lumbar Spine: No tenderness of the spinous processes, No tenderness to palpation of the sacroiliac joints, No tenderness to palpation of the greater trochanters, No tenderness of the coccyx; This study is being ordered for trauma or injury.; 07/01/18; There has been treatment or conservative therapy.; midline axial neck pain with significantly decreased cervical range of motion clinically on examination today.As well as back pain 7/10 pain for the last week Neurological test show to have positive Stark test on the left and right sides.; Rest, ice, nsaid for several weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	107
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; It is unknown if the patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality; 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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	21
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; none; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; < Enter Additional Clinical Information>	1
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		To see if there is any disc disease or findings; This study is being ordered for a neurological disorder.; greater than one year; There has not been any treatment or conservative therapy.; chronic lumbar and cervical pain and radiculopathy of cervical spine and lumbar spine, 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
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is 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	2
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	4
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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? < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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	2
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	3
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 an Abnormal x-ray indicating a significant abnormality; The patient has an Abnormal x-ray indicating a significant abnormality	1
Doctors and Rehabilitation	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	3
Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; 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.; Physical Therapy; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has a documented limitation of their range of motion.	5
Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
Doctors and Rehabilitation	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Given the severity of her spondylolisthesis I think she may benefit from surgical intervention so in the setting of her history of trauma and for preoperative planning I would recommend advanced imaging of the lumbar spine with an MRI to evaluate for neur; This study is 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.; Low back pain with radiation into right lower extremity; NSAIDs 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
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Mr. Johnston presents for evaluation of many years low back pain radiating to the left lower extremity. She had several prior surgeries with Dr. Capocelli and is scheduled to have hardware removal in November. He has been seeing Dr. Ghaleb for pain manage	1
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	2
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 07/09/2018; There has been treatment or conservative therapy.; pain in the shoulder, neck and lower back; physical therapy, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 completed 6 weeks of physical therapy?	1
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	8
Doctors and Rehabilitation	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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 study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum.	1
Doctors and Rehabilitation	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		none; 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 not a new patient.	1
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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. To see if there is any disc disease or findings; This study is being ordered for a neurological disorder.; greater than one year; There has not been any treatment or conservative therapy.; chronic lumbar and cervical pain and radiculopathy of cervical spine and lumbar spine, 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
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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
Doctors and Rehabilitation	Approval	72192 Computed tomography, pelvis; without contrast material			1
Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
Doctors and Rehabilitation	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Doctors and Rehabilitation	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 07/09/2018; There has been treatment or conservative therapy.; pain in the shoulder, neck and lower back; physical therapy, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	3
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;	1
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Given the severity of her spondylolisthesis I think she may benefit from surgical intervention so in the setting of her history of trauma and for preoperative planning I would recommend advanced imaging of the lumbar spine with an MRI to evaluate for neur; This study is 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.; Low back pain with radiation into right lower extremity; NSAIDs 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
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material		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
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.	1
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Doctors and Rehabilitation	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; 06/21/2018; There has not been any treatment or conservative therapy.; Radicular pain and throbbing in bi lateral arms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Doctors and Rehabilitation	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Patient fell; This study is being ordered for trauma or injury.; 07/31/2018 Fell; There has been treatment or conservative therapy.; Unknown; Medications but already had symptoms that were being treated for history. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/Findings best describes the reason that I have requested this test.	1
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Dizziness and nausea off and on x 3 days. Not nauseated when sitting still but dizziness off and on.  No changes in foods, no changes in daily activity. Has noticed halos around objects x 3 months. Seeing eye doctor sept 7 No blurry vision, no black sp; This request is for a Brain MRI; The study is 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
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		see attached notes.; 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

Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Emergency Medicine	Approval	77058 Magnetic resonance imaging, 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
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/26/18; There has not been any treatment or conservative therapy.; limited range of motion, pain, headaches, 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
Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; March/ April 2018; There has not been any treatment or conservative therapy.; Progressive numbness from lower back to the posterior and anterior knee, has had numbness in left index finger and thumb in the last few months with 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
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; March/ April 2018; There has not been any treatment or conservative therapy.; Progressive numbness from lower back to the posterior and anterior knee, has had numbness in left index finger and thumb in the last few months with 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
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Emergency Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	2
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type in Unknown If No Info Given. >; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were normal.; The patient has NOT had any abnormal lab studies.	1
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; It is not known if the ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 has had right shoulder pain for over a month	1

Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.	1
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 NOT performed.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 30 to 39	1
Emergency Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone);. The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/26/18; There has not been any treatment or conservative therapy.; limited range of motion, pain, headaches, 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
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Emergency Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	2
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		SOB chest pain hx of CAD family hx of CAD nausea; 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
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 (within the last 4 weeks) of neurologic symptoms.	1

Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Spinal pain resulting from trauma; No, the patient does not have new or changing neurological signs or symptoms.	1
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; attached clinicals	1
Emergency Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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
Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Emergency Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Iuq and Iiq pain w/n&v; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; 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
Endocrinology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Hyperparathyroidism hyperparathyroidism; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	1
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; 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	2
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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 ENT specialist.; Yes this is a request for a Diagnostic CT	2
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.; 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 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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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	2

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		the pt does have a pituitary micro adenoma; 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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	7
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	6
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		Previous CXR showed 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 ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient had a thyroidectomy and radiiodine ablation.; It is unknown if the patient has a serum thyroglobulin level greater than 10ng/mL.; The patient has Thyroid cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		; 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	2
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		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
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; 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
Endocrinology	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		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 there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	1

Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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.; 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
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Endocrinology	Disapproval	71250 Computed tomography, thorax; without contrast material	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
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Gastroenterology	Approval	70450 Computed tomography, head or brain; without contrast material			1
Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Endocrinology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; 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
Gastroenterology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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 ENT specialist.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2018; There has been treatment or conservative therapy.; TROUBLE SWALLOWING LIQUIDS AN D SOLIDS, TIGHTNESS IN UPPER CHEST.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		; 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		; 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		acute esophagitis and chronic esophagitis with a large hiatal hernia. HX Ulcers; 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		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	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient was seen by another type of physician; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material		he patient presents with Colorectal complaints that began 3 months ago. Pain is present in the perianal. The problem presented as blood in stool. Relevant factors exclude abnormal liver tests, coagulopathy or family history of colon cancer. Aggravating fa; 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	1
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material		The problem is ongoing. The onset was chronic. The severity is moderate. It occurs randomly. The duration generally lasts months. The location is RLQ. The pain does not radiate. The aggravating factor is constipation. The pertinent history includes: endom; 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	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Crohn's disease; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient presented for follow up. He has a history of Crohn's of the small bowel and colon. His last colonoscopy in 10/2017 he did have a stricture in his terminal ileum, a nodular ileocecal valve and pseudopolyps in his cecum. He also had a possible fist; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient was diagnosed with severe Crohn's disease in early 2018. She does show evidence of fistulas. This test is needed to further evaluate the abnormal mucosal thickening of the terminal ileum and adjacent distal ileum.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material			5
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Billie J Gaines is a 69 y.o. female with a medical history listed below, referred by Dr Morrison for further evaluation of Gastric Polyps/Carcinoid tumor. She states that she underwent EGD recently was found to have polyps in stomach and has been referred; 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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Doctor found cecal mass while doing a colonoscopy this morning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Pt has known nodule that is under observation, Pt is a smoker. Liver transplant 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	1
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material		No acute findings in the abdomen in this patient with a pedunculated lipoma arising from the transverse colon measuring up to 4.4 cm.; 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
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/13/18; There has been treatment or conservative therapy.; chronic pain involving pelvic, knee and thigh.; BOTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This patient was referred to Dr. Hughes to evaluate her Crohn's disease with fistulas. It has worsened over the last few years. She was put on antibiotics by UAMS to resolve fluid abscesses. She has left pelvic fluid still remaining. Dr. Hughes wants t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2018; There has been treatment or conservative therapy.; TROUBLE SWALLOWING LIQUIDS AN D SOLIDS, TIGHTNESS IN UPPER CHEST.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74150 Computed tomography, abdomen; without contrast material		6 MONTH FOLLOW UP FOR LIVER MASS AND ABNORMAL CT SCAN; 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.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		abdominal pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Abdominal pain and EGD did not explain anything.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		NAUSEA AND VOMITING, HICCUPS AND HEARTBURN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Dr. Hughes is wanting the study to find the cause of the patients left upper quadrant pain and significant abdominal cramping. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Unknown; This study is being ordered for inflammatory/ Infectious Disease.; First symptoms appeared in 2010; There has been treatment or conservative therapy.; blood in stool, diarrhea, cramping and weight loss; 6 MP 50, 6 MP 75, Remicade, Mercaptopurine 75mg, EGD and colonoscopy on 7/18/2011; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74150 Computed tomography, abdomen; without contrast material			5

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		< 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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		< 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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient had an Ultrasound.; The Ultrasound results were NOT equivocal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		6 months follow-up; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Description Left upper quadrant pain (R10.12)  55-year-old history of reflux. We performed in endoscopy on him in February 2018 showed only mild erythema. He was started on protonic's with almost complete resolution. He does report that he has braskthro; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		NEEDS PANCREAS PROTOCOL CT SENT TO GASTROENTEROLOGIST AND NEEDS 3 MONTH FUP CT 3/12/2018 THAT SHOWED WALL THICKENING INVOLVING THE STOMACH WHICH MAY BE SECONDARY TO GASTRITIS, INFILTRATIVE NEOPLASM CANNOT BE ENTIRELY EXCLUDED. STILL HAVING ABD PAIN. Pt w; 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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Patinet had a recent MRCP after having a u/s that showed an enlarged bile duct, and the MRCP is now showing a possible pancreatic lesion so radiologist is recommending CT abd with oral contrast to gain better images of the 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.; 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.; 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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Pt has acute abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Pt has known nodule that is under observation, Pt is a smoker. Liver transplant 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	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		She has had a lobe on her liver. R/o lobe with Ct of the abdomen.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		The ultrasound showed liver looking unusual, but could just be fatty build up. Dr. Morrison would like to have this CT done to double check.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		none; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		There is a questionable mass in the left hepatic lobe near the porta hepatis measuring 2.5 x 2.0 x 3.3 cm. There is no definite corresponding abnormality on the correlated CT from 4/11/2018. This might be artifactual. However, FNH can sometimes be inco; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		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	3
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		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	5
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		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	18
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		WEIGHT LOSS, DECREASED APPETITE; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	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 abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	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 Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	to rule out hepatocellular carcinoma; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	unknown; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	< 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Will fax.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		14
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	< 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 not the first visit for this complaint.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Billie J Gaines is a 69 y.o. female with a medical history listed below, referred by Dr Morrison for further evaluation of Gastric Polyps/Carcinoid tumor. She states that she underwent EGD recently was found to have polyps in stomach and has been referred; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Caller is by passing questions and faxing in clinical.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	< 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 organ enlargement.; It is not known if there is ultrasound or plain film evidence of an abdominal organ enlargement.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	., rectal bleeding and hair loss. She explains she extremely tired, lower abdominal pain...She explains when she eats she can only eat very little before she is full to the point she feel she could vomit. epigastric tenderness, LUQ tenderness, and RUQ te; 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 Computed tomography, abdomen and pelvis; without contrast material	; 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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 Computed tomography, abdomen and pelvis; without contrast material		Evaluation of the abdominal 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 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 Computed tomography, abdomen and pelvis; without contrast material		Lefty lower quad abdominal 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.; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Doctor found cecal mass while doing a colonoscopy this morning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patients presents at request of his PCP for evaluation of possibly worsening Crohn's disease. CT is needed to fully see the small bowel as patient complains of history of very inflamed small bowel as identified during an ER visit in 2013.; This is a request for 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	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PROGRESSIVE ABDOMINAL PAIN AND WEIGHTLOSS AND CHANGE IN BOWEL HABITS. NAUSEA, VOMITING, WEAK, FATIGUE.; 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 Computed tomography, abdomen and pelvis; without contrast material		R/O Fistula; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Rectal bleeding; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient had colonoscopy and there was a mass found and we are needing Ct Scan to check if spread.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient presented for consultation on 9/11/18 as referred by his PCP for further evaluation of persistent diarrhea. Patient states he has always had GI issues but they have increased following a trip to Africa. He has been on antibiotics and anti paras; This is a request for 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	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt HAS HAD PAIN FOR 3WEEKS; 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 Computed tomography, abdomen and pelvis; without contrast material		Pt has nausea, vomiting, lost over 30 lbs.; 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 Computed tomography, abdomen and pelvis; without contrast material		r/o IBS, gall bladder removed, family hx of colon 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 patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 29-year-old with chronic abdominal pain with a history of weight loss that has since stabilized and intermittent diarrhea. I would like to review her EGD and colonoscopy from Dr. Samad's office. I will check a computed tomography (CT) scan of he; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		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	3
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; There has not been a physical exam.; 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

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	5
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Unspecified 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/13/18; There has been treatment or conservative therapy.; chronic pain involving pelvic, knee and thigh.; BOTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	7
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	2
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		vomiting and change in 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 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Dr. Hughes is wanting the study to find the cause of the patients left upper quadrant pain and significant abdominal cramping; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		n/a; This study is being ordered for Inflammatory/ Infectious Disease.; August 2018; There has not been any treatment or conservative therapy.; No symptoms currently stated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient presented for evaluation at the request of his PCP. He was recently hospitalized for left lower quadrant pain and was found to show evidence of acute sigmoid colon diverticulitis. He has been on antibiotics as prescribed during the hospital stay.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient was diagnosed with severe Crohn-s disease in early 2018. She does show evidence of fistulas. This test is needed to further evaluate the abnormal mucosal thickening of the terminal ileum and adjacent distal ileum.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Recent CT of abdomen found 1.5cm lesion on the inferior right hepatic lobe and a 4mm pulmonary nodule within the right middle lobe.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	3
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Chronic pain	1

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" ERCP:  Biliary/Pancreatic: The straight plastic stent was extracted successfully by grasping the outer tip in the duodenum with a snare loop. It was retrieved through the scope. Deep biliary cannulation was achieved with difficulty supine ERCP using a	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			11
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(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.; MAY 2018; 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Chang D Yi is a 44 y.o. male, presents to Mercy Endoscopy for follow up colonoscopy due to multiple adenomatous polyps on March 2015 colonoscopy. Voicing no complaints today. Denies change in bowel habits, blood in stool. Denies family history of colon ca; 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 consistent with pancreatitis.; An abnormal analyse or lipase was NOT noted.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		DILATED BILE DUCT; 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 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient presented for follow up. He has a history of Crohn's of the small bowel and colon. His last colonoscopy in 10/2017 he did have a stricture in his terminal ileum, a nodular ileocecal valve and pseudopolyps in his cecum. He also had a possible fist; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient presents for urgent follow up on 9/13/18 for progressive worsening right upper quadrant pain. She has had a full blood work up and all test were normal. She has had multiple bowel resections due to Crohn's disease and a history of pancreatitis. S; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		RUQP; 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 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This patient is at a High risk of Liver cancer. His AFP continues to increase. He had normal Colonoscopy and EGD this year. His Ultrasound from 5/23/2018 showed enlarged liver measuring 18.4cm; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This patient was referred to Dr. Hughes to evaluate her Crohn's disease with fistulas. It has worsened over the last few years. She was put on antibiotics by UAMS to resolve fluid abscesses. She has left pelvic fluid still remaining. Dr. Hughes wants t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" FOLLOW-UP FROM A PREVIOUS STUDY	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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. >	2
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Patient with abdominal pain and nausea and vomiting. Negative gastric emptying test.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Patient being evaluated for a liver transplant. Imaging is to determine liver tumors.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"< Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" 3cm mass, on liver suspicious of cancer.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Cirrhotic morphology of the liver with small amount of ascites, splenomegaly and multiple collateral vessels is concerning for hepatic parenchymal disease/hepatic cirrhosis. There regenerating nodules noted within the liver. Recommend further workup	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 07/17/2018 abn small intestines; weight loss; diarrhea; no appetite; bowel changes; weakness	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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. >	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" "Abnormal level of enzymes in specimens from digestive organs and abdominal cavity	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Abdominal pain	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" none	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" PANCREATITIS INSUFFICIENCY	1

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for known or suspected vascular disease.; The ordering physician is a surgeon.; MRI on 6.14.2017 showed: Significant periportal edema with periportal halo, with nonvisualization of the peripheral intrahepatic ducts-suggesting PBC. Portal vein and SMV are patent w/o evidence of portal vein thrombosis. Significant splenomegaly; No foc	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" She was seen at St Lukes liver center by Dr. Alba. Liver bx's of both masses showed glycogenic hepatopathy. No adenoma seen. No fibrosis reported. 10 % fat but no steatohepatitis. C/o long standing pain ruq and right flank. Recent ultrasound showed no ga	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" CT showed exophytic nodule involving the anterior and lower pole of the kidneys	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Liver: Images demonstrate increased parenchymal echogenicity with heterogeneous coarse echotexture. 2 anechoic lesions with through transmission are noted in the right lobe of liver measuring approximately 1.2 x 1.2 x 0.9 cm and 0.7 x 0.5 x 0.5 cm unc	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Neoplasm of liver - indeterminate and still quite small. Noted in 2016 with minimal to no change from different imaging types over the years time (DEC 17). We'll recommend contrasted MRI liver lesion protocol. Likely hemangioma versus adenoma or other b	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" None	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" ultrasound showed mass of liver	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; 6 MONTH FOLLOW UP FOR ABNORMAL MRI AND LIVER CYST	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; 6/21/18 liver transplant	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; R/O OBSTRUCTION	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Ulcerative (chronic) pancolitis without complications and Right lower quadrant pain	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		to evaluate the patient's 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	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		ultrasound suggested fatty liver so CAT scan of the liver ordered patient is allergic to contrast so they ordered MRI of Liver; This request is for an Abdomen MRI; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; it is unknown if there is suspicion of metastasis.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; May 2018; There has not been any treatment or conservative therapy.; Unknown: One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		< 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 colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		< 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 completed prior to this request.	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		Hematochezia. The bleeding is likely hemorrhoidal. She had recent coronary stents and cannot stop Plavix. I've discussed endoscopy or imaging to rule out any additional pathology.; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Patient being evaluated for listing for a liver transplant. Patient had treatment for HCC, imaging is to evaluate tumor changes.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Patient listed for a liver transplant. Imaging is for portal vein thrombosis.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" patient listed for liver transplant. Imaging is testing for lesions within the liver.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Patient with hepatocellular carcinoma listed for a liver transplant. Imaging is to evaluate stage of tumor before receiving a liver transplant.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"	3
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 abnormal CT	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 liver lesions and MRI to follow up on lesions	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 suffers with a mass in pancreas; 6/28/18 CT scan performed and radiologist recommends MRI	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" radiology suggested mri because of something on kidney	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Scattered hypodense rounded up to 2 mm findings within the right and left hepatic lobes. These are too small accurately characterize but close interval surveillance is recommended given the history of lung cancer;	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	2
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Abdominal USG and CT showed right hepatic lobe cyst, which has been seen on imaging from 08/17. Patient seen for diarrhea also elevated LFT. MRI abdomen with Liver mass protocol ordered.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" na	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Ultrasound was positive for hepatic hemangiomas. Dr. Morrison would like to eval the further with a Abd MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Angel R Phillips is a 50 y.o. who has HTN who presented as a new patient to hepatology clinic for evaluation of abnormal liver enzymes, he has had elevated AST/ALT and ALP per outside records, workup was done that includes liver biopsy which was reported	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		Symptoms, weight loss, vomiting, nausea, during exam got sick, had to terminate exam; 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 colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient with abnormal cardiac findings, currently being evaluated for a liver transplant; 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
Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient with hepatocellular carcinoma being evaluated for a liver transplant.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; 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

Gastroenterology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		< 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.	5
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Patient is having abd pain and elevated Lipase. Dr. Morrison would like to have a MRCP done to evaluate more.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. see notes under AB CT case see 18206ABA0080 - 11276465 -denied AB CT -- 8/2/2018 12:29:32 PM Suzette G Powell, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by Donna, NP. Synopsis of discussion: P2P held abnl recent endo; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; cyst	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Decompensated cirrhosis. Despite low MELD, pt has advanced portal hypertension and refractory ascites. She will undoubtedly need a liver transplant, likely within the next year. I counseled her that she needs to accomplish several personal goals within th	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient was seen by Dr. McElreath at the request of Dr. Mark Malloy for evaluation and management of cirrhosis related to ETOH.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; unknown	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Unknown.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		This test is being ordered to further evaluate the cause of the patient's chronic ongoing diarrhea.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; First symptoms appeared in 2010; There has been treatment or conservative therapy.; blood in stool, diarrhea, cramping and weight loss; 6 MP 50, 6 MP 75, Remicade, Mercaptopurine 75mg, EGD and colonoscopy on 7/18/2011; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		; 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 colonoscopy.; The member had colon screening studies completed prior to this request.	2
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	3
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 altered biliary tract anatomy that precludes ERCP.	4
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 evaluation.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		This test is being ordered to further evaluate the cause of the patient's chronic ongoing diarrhea.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; May 2018; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Confusion and memory issues; - has component of PSE but will also get MRI head to rule out other organic causes; 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
Gastroenterology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 is experiencing dizziness.	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; It is not known if this is 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.; It is unknown if this patient has 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.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		Patient had colonoscopy (8/7/18) doc unable to do full colonoscopy due to adhesions in the colon, patient had normal colonoscopy in 2013; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		Pt has a malignant tumor of the heart. On blood thinner cannot stop.; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		unknown; 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 colonoscopy.; The member had colon screening studies completed prior to this request.	2
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		Unknown; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		Patient being evaluated for a liver transplant. Patient is high CAD risk and asymptomatic.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		Patient being evaluated for a liver transplant. Testing is to evaluate cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		Patient currently being evaluated for a liver transplant. Imaging is for portal hypertension and cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		Patient currently being evaluated for a liver transplant. Imaging is to evaluate cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)			3
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Patient has possible Tumor .; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Pt having abdominal pain, post eating, gallbladder removed, obstructed pancreases, fatigue, fatty stools; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Recent scan showed gallstones, she declined surgery at this time. She reports primarily a globus sensation, occasionally will lose her voice. Also reports epigastric pain and pressure radiating up into her chest. Patient reports that since Sunday she has ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt having rectal bleeding with BM's for a month now. Pt having LUQ pain also. I have concern of possible fissure due to pain with defecation. LUQ pain and tenderness of undetermined etiology. There is a hint of maybe some fullness in this area but it is ; 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.; 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 7/2017; There has been treatment or conservative therapy.; ABDOMINAL PAIN AND CHEST PAIN; MEDICATIONS- IMIPRAMINE, OMEPRAZOLE , ULTRASOUND OF HER THYROID, EGD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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 unknown.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		The patient complains of abdominal pain. Smpotms began 5-7 months ago. Described as right upper quadrant pain that is moderate with a stabbing quality that radiates to the right flank. CTA showed fatty liver; 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 ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		This patient recently had an abdominal ultrasound that showed a dilated common bile duct. Dr. Nutt has ordered a MRCP to further evaluate before deciding if ERCP is warranted since that is a more invasive procedure.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Ultrasound of abdomen showed common bile duct at upper limits to mildly dilated. Liver enzymes remain elevated and having right upper quadrant pain. The MRCP is being ordered to rule out stone.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Weight loss  Abnormal CT shown chronic pancreatitis with pancreatic calcification  Abdominal pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	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  One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; 7/2017; There has been treatment or conservative therapy.; ABDOMINAL PAIN AND CHEST PAIN; MEDICATIONS- IMIPRAMINE, OMEPRAZOLE, ULTRASOUND OF HER THYROID, EGD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient is having cervical spine pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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.; 12/4/12; There has been treatment or conservative therapy.; PAIN, DIARRHEA; SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has a long history of Crohn's disease and has had his terminal ileum removed in 2016. He has been treated with Humira since the removal. This test is being ordered to evaluate the current condition of the patient's Crohn's disease and ensure he is; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has been on long term steroids, complains of pain in hip; 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
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Cirrhosis of liver - calculate meld. check for hepatoma by CT Chronic type B viral hepatitis Cirrhosis of liver heartburn and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having Left Upper quadrant and epigastric abdominal pain. Her recent abdominal ultrasound showed fatty liver, but her liver enzymes are normal. She was tender in her LUQ on exam.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	referred to GI clinic for evaluation of elevated liver enzymes. Has been having stabbing epigastric pain intermittently for the past few days. Has associated nausea, but no heartburn, regurgitation. Denies NSAID use. labs not drawn yet; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	9
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Requesting triple phase CT scan. Ultrasound showed liver masses.; 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	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	left upper quadrant pain for the last 2 years. The pain wakes her up at night. She feels like something is getting twisted in this region. Ultrasound in 2015 was reported normal. She has not had any weight loss. She reports intermittent constipation along; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	8
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	6
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; Explained weight loss, ABD pain, diarrhea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; MAY 2018; 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
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has a long history of Crohn's disease and has had his terminal ileum removed in 2016. He has been treated with Humira since the removal. This test is being ordered to evaluate the current condition of the patient's Crohn's disease and ensure he is; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presented for first on 6/25/18 for a follow up for GERD, abdominal pain and fatty liver. Medications were evaluated and patient was encouraged to work on diet and exercise for her fatty liver as well as asked to monitor dietary trigger that lead; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Gastroenterology	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	r/a; This study is being ordered for Inflammatory/ Infectious Disease.; August 2018; There has not been any treatment or conservative therapy.; No symptoms currently stated.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	Patient presented for evaluation at the request of his PCP. He was recently hospitalized for left lower quadrant pain and was found to show evidence of acute sigmoid colon diverticulitis. He has been on antibiotics as prescribed during the hospital stay.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	3
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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	1
Gastroenterology	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	Patient presents for urgent follow up on 9/13/18 for progressive worsening right upper quadrant pain. She has had a full blood work up and all test were normal. She has had multiple bowel resections due to Crohn's disease and a history of pancreatitis. S; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2
General/Family Practice	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		< 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 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	Approval	70450 Computed tomography, head or brain; without contrast material		< 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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/17/18; There has not been any treatment or conservative therapy.; mbr has headache 2 out of 10 but during sex 9- out of 10; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		; 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.	3
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; 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 able to have a Brain MRI for evaluation of these symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for trauma or injury.; 09/10/2018; There has been treatment or conservative therapy.; start zpack  increase hydroxyzine to 50 mg q hs   refill bupropion  will send results to Dr. Machado when they are in diet modifications  increase exercise avoid sugar/salt avoid sodas increase fluids RTC as needed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	7
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; 12/4/12; There has been treatment or conservative therapy.; PAIN, DIARRHEA; SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has not had an abdominal ultrasound, CT, or MR study.;" looking for liver cancer	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; Patient had a cholecystectomy in 2012 and EGD in 2016 that showed gastritis. She's been taking Nexium and Pepcid and continues to have right upper quad abdominal pain. She had a abdominal ultrasound on 9-5-18 that was normal, and lab work was also normal	1
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		Acute nontractable headache, unspecified headache type Forgetfulness; Increased headaches and forgetfulness  Has been having daily headaches which have been more acute and also complains of frequent episodes of confusion.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		Gradually worsening headaches. The pain is severe. The patient has a history of head trauma as a teenager.; 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 Computed tomography, head or brain, without contrast material		having headaches for 1 yr ,NO particular triggers ,Uses otc regimen to control .NO prior hx of migraines , Headaches Happens 2-3 times per week . NO nausea noted ,no sensitivity to light or noise . at times feels confused and not sure which way supposed to; 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 Computed tomography, head or brain, without contrast material		headache started 08/01/18; 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 Computed tomography, head or brain, without contrast material		high blood pressure; numbness and tingling on left side; vomiting; dizziness; back of neck pressure; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		hx of seizures d/t MVA 3yrs ago; 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
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		PATIENT HAD A BRAIN BLEED, AND NECK FRACTURE; This study is being ordered for a neurological disorder.; 12/14/2015 NEUROLOGICAL DISORDER SECONDARY TO TRAUMA; There has been treatment or conservative therapy.; HEADACHE, PAIN, NUMBNESS, SYCOPE.; NSAID, PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		PATIENT HAD A CLOSED HEAD INJURY AND HAS BEEN HAVING DIZZINESS.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; 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 Computed tomography, head or brain, without contrast material		Patient loss consciousness and doesn't know how long when she fell and hit her 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 symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		POOR BALANCE, MEMORY LOSS, URINARY INCONTINENCY; 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	Approval	70450 Computed tomography, head or brain, without contrast material		Pt had head injury 6 days ago. with LOC, experiencing headache, dizziness, blurred vision nausea and vomiting since; 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 Computed tomography, head or brain, without contrast material		Pt presented to clinic with concerns of occasional aphasia recently worsening and with stress and blood pressure in clinic high at 178/104. She has had difficulty with getting her words out not being able to think of what she wants to say, cannot speak th; 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 Computed tomography, head or brain, without contrast material		Pt presents with dizziness, she is on plavix; 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 stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		r/o bleed; 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 Computed tomography, head or brain, without contrast material		see ophthalmology notes she has some retina hemorrhages. but she didn't get her mri's due to claustrophobia, she still has some visual disturbances in the left eye with like something is twirling around., they have not worsen, she is following with dr. ly; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2018. There has been treatment or conservative therapy.; Routine Exam/ DM Exam- about 4 months ago (3/01/18) pt. experienced a purple and magenta blob in center vision OS and anything with a straight line seemed bent in. This was 3 days after pt. started Carvedilol. She has poorly controlled hypertension with p; steroid 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
General/Family Practice	Approval	70450 Computed tomography, head or brain, without contrast material		SINUS PRESSURE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has been treatment or conservative therapy.; MIGRAINE HEADACHE; 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
Gastroenterology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	1

Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	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.; Explained weight loss, ABD pain, diarrhea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	Patient presented for first on 6/25/18 for a follow up for GERD, abdominal pain and fatty liver. Medications were evaluated and patient was encouraged to work on diet and exercise for her fatty liver as well as asked to monitor dietary trigger that lead.; 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	70450 Computed tomography, head or brain; without contrast material		< 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.	2
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		< 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.	3
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		< 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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is able to have a Brain MRI for evaluation of these symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		< 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 vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		< 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, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	11
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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.	6
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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.	2
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	2
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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 vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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 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 Computed tomography, head or brain; without contrast material		< 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 neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; 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 Computed tomography, head or brain; without contrast material		; 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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for trauma or injury.; 7-18-18; There has not been any treatment or conservative therapy.; Headache, nausea, facial swelling, neck pain, face 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	70450 Computed tomography, head or brain; without contrast material		Chronic headache disorder; 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 Computed tomography, head or brain; without contrast material		Complaint of Fall (falling), loses her balance, headache, been in bed with headache past months. Positive for weakness and headaches. Positive for weakness and headaches; HPI/pt is brought in by her mom. Apparently she has been having headaches for the past; 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 Computed tomography, head or brain; without contrast material		dizziness, vision change, severe headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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 chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		He continues to complain of headaches. He was started on topiramate 13 days ago. He cannot tell a difference with the medicine. He is still using fionase BID and Claritin daily. He quit taking decongestants. His blood pressure is better. He is having fro; 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 Computed tomography, head or brain; without contrast material		left side face numbness, recent episode of Tunnel Vision, chronic sinusitis symptoms; 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	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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!"	2
General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/12/2018; There has been treatment or conservative therapy.; pain, fever, frontal headaches; 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
General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		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.;	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		Unknown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		"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	10
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		"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	3
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		; 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
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		; This study is being ordered for trauma or injury.; 07/25/2018; There has not been any treatment or conservative therapy.; Bruising and pain to the head and jaw; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70486 Computed tomography, maxillofacial area, without contrast material		MEMBER HAD A FALL; 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	Approval	70486 Computed tomography, maxillofacial area, without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		PATIENT HIT A TREE WHILE DRIVING AN ATV. CONTUSION WITH SWELLING, DIZZINESS, AND VISION CHANGES.; 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 neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		patient was in a mva; 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	70450 Computed tomography, head or brain; without contrast material		pt was struck by lightning; 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 neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		shot in head in 2010. CT was done 2 years ago and to see if metal fragments have moved due to headaches becoming more severe; 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 Computed tomography, head or brain; without contrast material		Syncope / Near syncope Hosp d/c f/up + Syncope / Near syncope + Recurrent ∓ frequent dizzy spells  Schedule CT head since there is a questionable h/o seizures ∓ chronic sinusitis.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	42
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	6
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	47
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	7
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area, without contrast material		Unknown; This study is being ordered for trauma or injury.; 8/15/2018; There has not been any treatment or conservative therapy.; Headache, facial pain, memory loss, bruising on face; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		HX neck mass. Increased fatigue.; 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
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	2
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	78
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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 known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT. Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Unknown; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&t; Enter answer here - or Type in Unknown If No Info Given. &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.; 9/17/18; There has not been any treatment or conservative therapy.; mbr has headache 2 out of 10 but during sex 9-out of 10; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&t; Enter answer here - or Type in Unknown If No Info Given. &t; 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
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Carpal tunnel syndrome; This study is being ordered for a neurological disorder.; 05/21/2018; There has not been any treatment or conservative therapy.; Neck pain syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The patient is currently taking Aspirin. The patient reports being compliant with taking the medication. Mr.Sims has not experienced any TIAs or CVA-like symptoms sinc our last visit.NoAdditional HPI Information: He is not accompanied by anyone. He prese; This study is being ordered for a neurological disorder.; Pt reports that he continues to have episodes (around 12 since being discharged) of intermittent left facial drooping. I will check a CTA of the Head and neck to r/o any incranial stenosis that could be contributing to Mr. Sims presentation. RTC in three ; There has been treatment or conservative therapy.; The patient is currently taking Aspirin. The patient reports being compliant with taking the medication. Mr.Sims has not experienced any TIAs or CVA-like symptoms sinc our last visit.NoAdditional HPI Information: He is not accompanied by anyone. He prese; The patient is currently taking Aspirin. The patient reports being compliant with taking the medication. Mr.Sims has not experienced any TIAs or CVA-like symptoms sinc our last visit.NoAdditional HPI Information: He is not accompanied by anyone. He prese; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	11
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	20
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	20
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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.	2
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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 Computed tomography, head or brain; without contrast material		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.	2
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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 Computed tomography, head or brain; without contrast material		Unknown; This study is being ordered for trauma or injury.; 8/15/2018; There has not been any treatment or conservative therapy.; Headache, facial pain, memory loss, bruising on face; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		while I was at work I had a seizure earlier today; This study is being ordered for a neurological disorder.; The patient reports she had a seizure April 1st 2016. She had a syncopal episode in front of the Refrigerator at that time. She was clenched up and was unresponsive. She was evaluated in the ER. She had a full workup at that time. After that visit she was; There has been treatment or conservative therapy.; while I was at work I had a seizure earlier today; THEY HAVE TREATED THE BLOOD PRESSURE THINKING IT WAS THE BP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	1
General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material			2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT < Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/12/2018; There has been treatment or conservative therapy.; pain, fever, frontal headaches; 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	4
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		; This study is being ordered for trauma or injury.; 7-18-18; There has not been any treatment or conservative therapy.; Headache, nausea, facial swelling, neck pain, face 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	5
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; 08/16/18 -1 month ago; It is not known if there has been any treatment or conservative therapy.; Dizziness, SOB, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	5
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"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
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"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 < Enter answer here - or Type in Unknown If No Info Given. >; This study is 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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Patient c/o headache, blurred vision. Recent eye exam showed swelling of optic nerve.; 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		< 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Facial weakness and stroke like symptoms; Specialist 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; 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 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	5

General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 infection or inflammation; Is it 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); It is not known if the doctor notes on exam that the patient has delirium or acute altered mental status.; It is not known if the patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		HAVING RECURRING EPISODE OF EAR INFECTION / SINUSITIS, STARTED 2 DAYS AGO THE ORIGINAL C/O LAST WEEK OF JULY. HAS TOTAL OF 3 ROUNDS OF ABX'S OVER LAST 6 WEEKS. HAVING NASAL CONGESTION AND NASAL DISCHARGE, HEAD, FACIAL PAIN. RIGHT AND LEFT MAXILLARY TEN; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immunocompromised.; 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 Computed tomography, maxillofacial area; without contrast material		jaw pain radiating to cheek, tooth pain, headache. 2.5cm nodule on right lower jaw line, not felt to be tooth related; This study is being ordered for Inflammatory/ Infectious Disease.; 08/15/2018; There has not been any treatment or conservative therapy.; jaw pain, 2.5cm nodule on right lower jawline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70486 Computed tomography, maxillofacial area; without contrast material		Patient has failed outpatient treatment with oral and IM antibiotics. Swelling and pain is worsening; area of swelling includes top lip and going up left side of face.; "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
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	8
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	3
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material			1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< 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 than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; many years ago; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; 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 Computed tomography, soft tissue neck; without contrast material		; 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
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		history of a left neck mass with suspicion for base of tongue primary and is status post a direct laryngoscopy with biopsy. At this point, the patient denies pain, odynophagia, dysphagia, otalgia, hoarseness, wt loss, dyspnea, neck mass, oral bleeding, he; 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 Computed tomography, soft tissue neck; without contrast material		mass; 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
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Neck mass, history of malignancy. Enlarged lymph nodes, chest neck axilla; 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 Computed tomography, soft tissue neck; without contrast material		Neck: supple; the left submandibular area seems more prominent than right side.  Weight loss, throat swelling Cancer: Y - Ovarian cancer 1999; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		none; 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	Approval	70490 Computed tomography, soft tissue neck; without contrast material		patient continues to have paresthesia in his 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.; 06/01/2018; It is not known if there has been any treatment or conservative therapy.; chronic neck pain, swelling has been enlarging and slightly sore to the touch; previous MRI show probable hemangioma within C3 vertebral body.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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).	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 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 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/18; There has not been any treatment or conservative therapy.; NONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	3
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Unknown; 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 larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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.; 03/2017; There has not been any treatment or conservative therapy.; Chronic pain and discomfort, gland swollen and mass found on U/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	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; 08/16/18 - 1 month ago; It is not known if there has been any treatment or conservative therapy.; Dizziness, SOB, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Carpal tunnel syndrome; This study is being ordered for a neurological disorder.; 05/21/2018; There has not been any treatment or conservative therapy.; Neck pain syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The patient is currently taking Aspirin. The patient reports being compliant with taking the medication. Mr.Sims has not experienced any TIAs or CVA-like symptoms sinc our last visit.NoAdditional HPI Information: He is not accompanied by anyone. He prese; This study is being ordered for a neurological disorder.; Pt reports that he continues to have episodes (around 12 since being discharged) of intermittent left facial drooping. I will check a CTA of the Head and neck to r/o any intracranial stenosis that could be contributing to Mr. Sims presentation. RTC in three ; There has been treatment or conservative therapy.; The patient is currently taking Aspirin. The patient reports being compliant with taking the medication. Mr.Sims has not experienced any TIAs or CVA-like symptoms sinc our last visit.NoAdditional HPI Information: He is not accompanied by anyone. He prese; The patient is currently taking Aspirin. The patient reports being compliant with taking the medication. Mr.Sims has not experienced any TIAs or CVA-like symptoms sinc our last visit.NoAdditional HPI Information: He is not accompanied by anyone. He prese; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; This study is being ordered for Vascular Disease.; 8/30/2018; There has not been any treatment or conservative therapy.; weakness, 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
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			2
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"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 &t; Enter answer here - or Type in Unknown If No Info Given. &t; 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.	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&t; Enter answer here - or Type in Unknown If No Info Given. &t; This study is being ordered for a neurological disorder.; &t; Enter date of initial onset here - or Type in Unknown If No Info Given &t; It is not known if there has been any treatment or conservative therapy.; &t; Describe primary symptoms here - or Type in Unknown If No Info Given &t; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&t; Enter answer here - or Type in Unknown If No Info Given. &t; This study is being ordered for trauma or injury.; 7/16/2018; There has not been any treatment or conservative therapy.; Neck pain and upper back pain with sensation also 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 ; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 not 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Swollen in the face area, a lump; 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 a Face MRI.; There is not a history of orbit or face trauma or injury.	1
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Worsening neck pain associated with headaches,radiation to right arm, and nausea;"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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		&t; Enter answer here - or Type in Unknown If No Info Given. &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.; 1/1/18; There has not been any treatment or conservative therapy.; NONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance angiography, head; without contrast material(s)		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.	1
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	2

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material				3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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 craniostenosis); There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.		1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.		2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		ABNORMAL CT WO 9/12/18  POST CONCUSSION SYMPTOMS, THROBBING IN THE RIGHT TEMPLE. Patient underwent a CT of the brain without contrast at NMC-Springdale on 9/12/18, and I have reviewed these results with her. She was noted to have a hypodense area in the ; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Abnormal CT, increased Cerebral Spinal Fluid, pituitary gland appears flattened, rule out tumor or masses; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.		1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		bad headache at night started 5 days ago.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		complains of headache and vomiting. Says that this is going on for two weeks. Reports is a different pattern than previous headaches. Has never happened before. Says that she wakes up with a headache that is bilateral temporal area. Its associated with mi; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		conclusion syptoms; This study is being ordered for trauma or injury.; 7/2/2018; It is not known if there has been any treatment or conservative therapy.; pain, difficulty walking, 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Evaluating a new daily persistent 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 defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).		1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		family history of MS occasionally feels dizzy and feels weak in his legs low back pain described as aching and stiffness sister has been diagnosed with ankylosing spondylitis patient has positive ANA results; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.		1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Family History Chiari malformation. Spina bifida. Current Medication Fioricet 50 mg-300 mg-40 mg capsule 1 Tablet BID PRN for 30 Days , Prescribe 60 Tablet, Refills 2 methocarbamol 750 mg tablet 1 Tablet BID PRN for 30 Days , Prescribe 60 Tablet, Refil; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Has had clear ENT work-up, still very dizzy with no vision changes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.		1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; 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; The condition is not 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.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The lab results were normal; The patient is experiencing fatigue or malaise; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Has headaches, needs MRI. Here to get documentation so MRI can be approved by insurance. Previously evaluated by Dr. Highfill (ENT), with a negative work up. Prescribed Flonase Nasal Spray and told she would need allergy testing (will be sometime in Decem; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		HAS SHARP PAINS TO HEAD RATING PAIN 5/10 ON A PAIN SCALE; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Head: Normocephalic and atraumatic.  C/o elevated BP, states it has been running 140-150/110.  States he was hit in the head about 3 weeks ago with a lug gun. Went to St Bernards ER, had a CT done, and said they told him "it showed something that he would; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		headache has not improved with conservative therapy; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Headache Reported by patient.  Location: orbital; frontal  Quality: similar to previous headaches; throbbing Severity: severe  Duration: constant; has noted since July 4, 2018  Onset/Timing: gradual  Context: not related to trauma  Aggravating fact; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Headaches Throb all over head every day ov 7/24/18 pt visit complains of headache no blurred vision or N&#amp;V. PT f/u 7/31/18 Still having headaches every day throbs all over head no relief. Still no N&#amp;V or blurred 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Her head hasn't felt right since she had vertigo. Her head feels "full of water", worse when she is tired at the end of the day; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		History of pseudotumor cerebrii, HLA B27 positive; This study is being ordered for a neurological disorder.; 8-27-18; There has been treatment or conservative therapy.; Transient loss of consciousness, localized headache in right occipital region, neck pain, pain radiating into bilateral arms, generalized widespread myalgias; Patient taking NSAID (diclofenac), muscle relaxer (orphenadrine), and tramadol without relief of symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology hx of colloidal cyst with removal, now having increased 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		lesion, central hearing 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; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Migraines have worsened over last 6 months, change in quality of migraine. Been in and out of clinics frequently with these headaches, every couple weeks.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Facial weakness and stroke like symptoms; Specialist 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/18; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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).	5
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	6
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		ABNORMAL SMELL OR TASTE, ACUTE SINUS SYMPTOMS. RULE OUT 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Ms. Duchanoy explains, "I've been having lots of headaches lately which isn't normal for me." She has a history of infrequent migraine headaches. She notes that recent frequent headaches are different from her migraine headaches. She describes tension in ; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		muscle strain mva a year ago; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		new onset headaches getting worse daily, missing work, increasing in intensity; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		None; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has severe headache with dysphagia.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is having extremity pain, and numbness in arms. He is also very fatigued.; This request is for a Brain MRI; The study is 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.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is having Syncope where he looses consciousness and collapse. His CT scan was normal however still Syncope. requesting MRI of Brain patient also having cardiac workup.; This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Also sudden and severe; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		AMENORRHEA; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chronic Headache for 4 months, now having neurological deficits; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		chronic headache 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		having facial spasms; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		having seizure like activity; 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.; It is unknown if there has been a change in seizure pattern or a new seizure.; This is not a new patient.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		headaches, loss of balance; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		History / Dx: D49.6 Brain neoplasm  History / Dx: Stable enhancing mass of the left jugular fossa encasing the left internal carotid artery, compatible with a glomus tumor or schwannoma.brain neoplasm,ry of Present Illness: 1. BrainTumor  The sympt; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient presents to clinic with chronic headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient states she hit her head back in June and has been having headaches since.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient suspected of having seizure involving right side which is the affected side from a CVA during PT at the hospital he was worked up in the emergency room and started on Kepra we will get an MRI as also the optometrist has requested an MRI as he has; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Positive for nausea; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Post MVA; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt has elevated prolactin levels, C/O nipple discharge, and has chronic frequent headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt has really had a lot of symptoms so it is hard to put just one in here. dizziness, headaches for 4 days, numbness and tingling in face that went down neck and felt weak and dizzy. fever 101; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt has seizure disorder and has developed auditory hallucinations; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PT WAS SEEN 9/11/18 AND 9/18/18 FOR HEADACHE AT TEMPLE AND PARIETAL AREA INTERMITTANTLY. DID LAB THAT SHOWED ELEVATED SED RATE AND CRP ON 9/11/18.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		hx of cysts; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MD is wanting this due to the seizure like activity and syncope. pt also hit his head with his syncope episode; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Member has High blood pressure and cholesterol.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4x over the last three weeks. around July second.; It is not known if there has been any treatment or conservative therapy.; Confusion, Disoriented time and place.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		memory loss, pt has autism headaches are worsening. 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		migraines increasing in frequency, from 2-3 times a month to everyday, photophobia and vomiting, failed treatment with Imitrex; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		multiple FLAIR hyperintensities in the right and left cerebral peduncles, in the right dorsal midbrain, in the right basal ganglia and intensity on the diffusion weighted images and on the ADC map. Finding are concerning for multiple sclerosis.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		nausea, blind spots, watery eyes, constant 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.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt with sudden onset 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 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		R/O Brain Tumor; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Right side of head numbness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Sharp headaches, that are sharp that comes and goes; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Sudden onset of numbness of left side including left arm, left leg and left great toe. Symptoms started yesterday 08/09/2018. Patient denies having headaches, injury, illness, back pain and blurred vision.; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		suspicious for ms headache visual disturbances dizziness dysequilibrium neck pain neuropathy falling; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The audiogram has been scheduled but not completed yet.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has hearing loss.; The patient did not have an audiogram.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient has a history of headaches and was found to have a meningioma in 2017. She has not had follow-up since then. MRI is needed to determine if there has been any growth of the meningioma and whether or not surgery is needed. Patient has 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Neurological: She is alert and oriented to person, place, and time. A cranial nerve deficit is present. Coordination abnormal. Gait normal.  Grip strength seems somewhat diminished bilaterally. Romberg is positive.; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		numbness; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient fell multiple times; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient has altered mental status and short term 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 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has been suffering from episodes of severe delirium, described as confusion. Started June 10, 2018. When patient was out walking he had 20-30 seconds of not knowing where to go or turn.; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has limb numbness, irresolvable headaches, and cervical spine pain.; This study is being ordered for a neurological disorder.; Patient has ongoing neck pain with numbness of upper limb. Also non resolvable episodic episode.; It is not known if there has been any treatment or conservative therapy.; Patient has limb numbness, ongoing cervical spine pain and headaches that are intolerable.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is having Ringing in the ears with pain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is here with concerns of his feet feeling numb and his legs feeling weak over the past few days, he has a long history of diabetes. He has not been taking his medications for diabetes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient with new onset persistent headache, pain behind the eye and in back of head, pain in ears with nausea and vomiting.; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PATIENT'S HEADACHES AND GETTING WORSE EACH DAY, AND ARE GETTING MORE SEVERE.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Positive for right foot drop and weakness and Ataxia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Possible ALS; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt c/o frequent headaches. Pt reports headaches for the past few years but getting more frequent and now occur every few days and increased intensity. Pain is always in left temporal area.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt had brain MRI in March 2018 and radiologist recommended a 6 month repeat brain MRI. 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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt has chronic daily headache with family 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PT HAS WEAKNESS IN THE LEFT LEG, HAD A RECENT PELVIC FRACTURE WITHOUT INJURY BUT HAD THIS WEAKNESS PRIOR TO THIS HAPPENING. Balance impaired significantly on observation of gait. HAS osteoporosis ALSO DIAGNOSIS. Balance still off and having issues ambulating; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt is concerned with daily HA's which have not improved with his mental health issues. Reports the pain is behind his ears and the base of his skull radiates to back of the head- described as throbbing- reports he wakes up and goes to bed with a HA. State; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt stated that she woke up dizzy last week, she has been waking up dizzy, when she is laying down, and when she turns her head. Pt denies any ringing in her ears.  left vm that pt was seen yesterday for dizziness and was told to do the epley maneuver wh; This request is for a Brain MRI; The study is 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 vertigo	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt with history of Arnold-Chiari syndrome and chronic headaches. Followed by UAMS neurology and was supposed to have surgery for this last year. She rescheduled her surgery due to transportation issues and hasn't been back since. Headaches have significant; This study is being ordered for Congenital Anomaly; unknown; It is not known if there has been any treatment or conservative therapy.; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		R/O CVA vs 5th cranial nerve neuritis.; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		R93.0 Abnormal CT scan, sinus, from CT there is possible calcification within the left frontal lobe posteriorly. Reason for Study: to further investigate abnormal CT findings. PROCEDURE(S): CT SINUS   CT MAXILLOFACIAL WITHOUT CONTRAST  INDICAT; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		see attached; This request is for a Brain MRI; The study is 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		see previous; This study is being ordered for a neurological disorder.; 01/09/2017; There has been treatment or conservative therapy.; neck pain Stiffness Smelling things that are not there.; Muscle Relaxants Pain Medication Oral Analgesics 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is complaining of new persistent bi frontotemporal headache for over 4 weeks. Pain is moderate and is associated with dizziness. There is no weakness or focal neurologic deficit. Trigger is not known but headache occurs almost daily. She has b; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The Pt history of traumatic brain injury. Current headaches.; 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

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear; There is not a suspected cholesteatoma of the ear; The patient has not had a recent brain CT or MRI within the last 90 days; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	29
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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).	17
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	14
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	3
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	15
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	11
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 NOT being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; 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.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Transient alteration of awareness; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; 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; It is not known if there has been a previous Brain MRI completed.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; 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).	2

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for a neurological disorder.; 01/2018; There has not been any treatment or conservative therapy.; Syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 days ago; There has been treatment or conservative therapy.; Vertigo, head movements, blurred vision in right eye, loss of vision; Medication, over the counter; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for trauma or injury.; 09/17/18; There has not been any treatment or conservative therapy.; depression, irritability, outbursts of anger, social withdrawal, crying, sad and 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for trauma or injury.; 8/16/18; There has been treatment or conservative therapy.; severe headaches, laceration on the forehead, muscle spasms, blood shoot eyes and dizzy, broken legs, arm crushed, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		vision seem to have a covering over right half of eye. hard to focus, headache, shortness of breath, difficult time walking, right foot dragging; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		visual problems balance issues extreme weight loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		wolff parkinson white syndrome; PTSD - secondary to past MVA; Persistent headache since MVC on 8/12/18. CT done in ER revealed no acute intracranial hemorrhage / pathology. The patient reports transient reduction of headache pains with use of otc analgesics; 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 Computed tomography, thorax; without contrast material		"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	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< 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	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< 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	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 04/16/2018; There has been treatment or conservative therapy.; weight loss, leg weakness, hypokalemia.; 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/04/2018; There has been treatment or conservative therapy.; cough, shortness of breath, wheezing; Steroids, antibiotics, inhaler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material		. IMPRESSION:  Persistent minimal parenchymal opacity right lung base medially. CT of  the chest is likely indicated to exclude underlying lesion.  Chronic changes of COPD; "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 Computed tomography, thorax; without contrast material		; "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 Computed tomography, thorax; without contrast material		; "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 Computed tomography, thorax; without contrast material		; 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	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		; 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	Approval	71250 Computed tomography, thorax; without contrast material		; This study is 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.; Malignant neoplasm of upper lobe of left lung and recent unexplained weight loss.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		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	2

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		According to x-ray results "Soft tissue density paratracheal region on the right, mass not excluded. The right worrisome for mass and/or adenopathy"; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	13
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Hx of lung nodules 4/24/18 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	Approval	71250 Computed tomography, thorax; without contrast material		mass found 6/16/2018; "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 Computed tomography, thorax; without contrast material		Neck mass, history of malignancy. Enlarged lymph nodes, chest neck axilla; 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 Computed tomography, thorax; without contrast material		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 Computed tomography, thorax; without contrast material		no info found and its dense and report says its concerning for a mass lesion; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; 'None of the above' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Patient had xray showing calcified lymph nodes with nodular density projects over the mid thoracic spine 13mm. Radiologist recommends follow up imaging.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Patient with pleurisy and weight loss; 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 Computed tomography, thorax; without contrast material		PATIENT'S CHEST X-RAY SHOWED increased nodules, suspected granuloma.; "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 Computed tomography, thorax; without contrast material		Previous CT from 02/01/18 showed tiny nodules in the right apex in the right middle lobe up to 6mm in size, 6 month follow up 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 Computed tomography, thorax; without contrast material		Pt has persistent cough, anemia.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material		Pt has retro cardiac mass newly noted on 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	Approval	71250 Computed tomography, thorax; without contrast material		Pt reports continuing to lose weight without trying. Pt reports diarrhea daily especially after eating. Pt reports abd cramping after episodes of diarrhea. Pt reports he has been having diarrhea for the past year but has been getting worse. Pt reports cou; 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 Computed tomography, thorax; without contrast material		Pt states she has been having a chronic cough for months. Has completed several rounds of abx but cough does not go away. Current smoker.  Cough Reported by patient. Quality: productive, yellow/green  Severity: worsening; pain with cough; moderate  Du; 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

				Pt went for a chest xray for a screening for a pre-op and their were abnormal findings on chest xray.; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material			
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Pulmonary nodules found on a CT of the abdomen; 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 Computed tomography, thorax; without contrast material		R/O 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		shortness of breathe/cough; 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 Computed tomography, thorax; without contrast material		suspected abnormality on the lungs; 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 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Unchanged fullness of the left hilum. While this may only relate to a central pulmonary vessel, I cannot exclude a left hilar mass and/or lymphadenopathy. I would therefore recommend further evaluation with CT.; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		UNEXPLAINED WT LOSS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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 Computed tomography, thorax; without contrast material		unknown; This study is being ordered for trauma or injury.; 7/22/18; There has been treatment or conservative therapy.; Chest wall pain, chest tenderness, abdominal tenderness.; 7/23/18 and sent him to ER.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Will fax.; "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 Computed tomography, thorax; without contrast material		Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient was seen by another type of physician; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		patient has a history of an ascending 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
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt is being scheduled for a hysterectomy and has a known 3.5 cm thoracic aortic aneurysm. Last scan was in 2015. This is a request for follow up before this surgery; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		< 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
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		< Ongoing h/a's for last 2 wks, abnormal xray, disc degeneration (c6-c7), anterior anterolisthesis c3 relative to c4 inflexion.; 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 Computed tomography, cervical spine; without contrast material	PATIENT HAD A BRAIN BLEED, AND NECK FRACTURE; This study is being ordered for a neurological disorder.; 12/14/2015 NEUROLOGICAL DISORDER SECONDARY TO TRAUMA; There has been treatment or conservative therapy.; HEADACHE, PAIN, NUMBNESS, SYCOPE.; NSAID, PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	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 Asymmetric reflexes.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	the patient had a MVA about 10 years ago and has been experiencing neck pain since then. He reports new onset numbness and tingling.; 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 Computed tomography, cervical spine; without contrast material	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 exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy.;" The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	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 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	Approval	72125 Computed tomography, cervical spine; without contrast material	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.; 04/2018; There has been treatment or conservative therapy.; Back pain SOB; Xray 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This patient needs a Pituitary with Brain MRI with magnified views of the pituitary to rule out a malignant adenoma.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	152
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	93
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	; 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	72128 Computed tomography, thoracic spine; without contrast material	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 thoracic spine CT.; The patient has had 3 or fewer Thoracic Spine CTs.; "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 why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem is unchanged. The pain is present in the thoracic spine. The quality of the pain is described as aching. Radiates to: around to right m; 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
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		2
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is 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; It is not known if there has been any treatment or conservative therapy.; Mr. Parker is a 52-year-old man with a history of multiple prior surgeries with Dr. Thomas. He had what he describes a herniated disc at L5-S1 which originally he underwent a decompression of microdisc which she did fine with. However he redeveloped left; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 Computed tomography, lumbar spine; without contrast material	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	5

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	20
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	1
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	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
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		7
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< 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.; WORSENING NECK PAIN RADIATES DOWN BACK INTO SHOULDER. WEAKNESS ON RIGHT SIDE. FAILED MEDICATION THERAPY AND PT.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2018; There has been treatment or conservative therapy.; pain and weakness in arm; rest 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	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/2011; There has been treatment or conservative therapy.; Chronic pain in neck, shoulders, and back; PT, injections, 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury; don't know; There has been treatment or conservative therapy.; chronic back pain; back surgery Aug 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	. Patient complains of upper back pain and neck pain. The discomfort is most prominent in the cervical spine and in the thoracic spine. This radiates up to the neck down bil upper extremities. She characterizes it as intermittent, moderate in intensity, t; This study is being ordered for trauma or injury; October 2017; There has been treatment or conservative therapy.; Patient complains of upper back pain and neck pain. The discomfort is most prominent in the cervical spine and in the thoracic spine. This radiates up to the neck down bil upper extremities. She characterizes it as intermittent, moderate in intensity, thr; lengthy Physical therapy for 6 months, oxycodone at time of mva, naproxen 500mg , flexeril 10 mg , chiropractor for 2 month and is currently seeing them; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 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: She is alert and oriented to person, place, and time. She exhibits normal muscle tone.  4/5 grip strength and elbow extension on left compared to right. Negative tineals/phalen's sign. Decreased sensation to monofilament along C7/ C8 derm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; 8-23-2008; There has been treatment or conservative therapy.; Physical therapy, Previous surgery, Medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; PATIENT IS HAVING BACK PAIN WITH BILATERAL LEG PAIN. GETTING WORSE; There has not been any treatment or conservative therapy.; PATIENT IS HAVING BACK PAIN WITH BILATERAL LEG PAIN. GETTING 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/2018; There has been treatment or conservative therapy.; Neck pain bilaterally in trapezius and extends into shoulder. Lower back pain chronic duration.  Range of motion is limited through out the cervical and lumbar spine. Pain demonstrated with flexion and extension.  Bilateral positive straight leg r; Physical Therapy - 02/06/2018 Gabapentin - 02/06/2018  Diclofenac Sodium - 03/29/2018 Tizanidine - 03/29/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2016; There has been treatment or conservative therapy.; 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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 Year history; There has been treatment or conservative therapy.; Low back and cervical spine pain. Low back pain radiating to lower extremities; Has tried physical therapy but unable to complete from 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for trauma or injury.; 08/21/2018; There has been treatment or conservative therapy.; Shoulder pain. Neck pain. Numbness down right arm. Worsening pain.; Medications. Injections. Physical Therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Dr. Charles Mills Clinical Electromyography . Recommended the patient have MRI to evaluate for Myelopathy.; This study is 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.; persistent pain, Acute pain; Patient had 6 weeks of PT and the patient had Nerve Conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		fatigue IMPRESSION: Degenerative disc disease C2-C7. These findings appear most severe at C5-C6 as described above. There is a syrinx within the cervical cord beginning at the bottom of C4 and extending to the mid aspect of C7. Recommend follow-up.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has had spells of feeling dizzy and having tingling sensation in head going from neck upward and having twitching and jerking movement in neck region. Musculoskeletal: muscle aches, muscle weakness, muscle cramps, arthralgias/joint pain, back pain (neck); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; MRI of c spine due to pain and numbness left side of neck for 2 years...	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; patient continues to have neck pain with headaches. Xray shows DDD mild narrowing left c3-4 moderate left c5-6 moderate right c5-7 and mild right c3-5	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		MRI is negative and is having loss control of bowl and bladder; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		neck pain, spondylolisthesis and degenerative disc disease.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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 vertigo	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient has limb numbness, irresolvable headaches, and cervical spine pain.; This study is being ordered for a neurological disorder.; Patient has ongoing neck pain with numbness of upper limb. Also non resolvable episodic episode.; It is not known if there has been any treatment or conservative therapy.; Patient has limb numbness, ongoing cervical spine pain,and headaches that are intolerable.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Pt has pain in the left neck and shoulder.  MVA 1 year ago - 7/1017 Trapezius muscle spasm  Positive for joint pain, myalgias and 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Pt with history of Arnold-Chiari syndrome and chronic headaches. Followed by UAMS neurology and was supposed to have surgery for this last year. She rescheduled her surgery due to transportation issues and hasn't been back since. Headaches have significant; This study is being ordered for Congenital Anomaly; unknown; It is not known if there has been any treatment or conservative therapy.; 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	2
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy. The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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.	3
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	9
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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; No, the patient does not demonstrate neurological deficits.; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.; It is not known if this patient had a recent course of supervised physical Therapy.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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	2
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	5
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; NEUROLOGIC: cranial nerves: VIII abnormal on right; numbness to entire 4th and 5th digits.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	6
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; Unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	16
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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>	2
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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>	3
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; member had an x ray that showed loss of normal curvage a a compression fracture was seen.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 has had headaches come on suddenly at the base of her scalp. Received 2 shots that has not helped.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	15
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		unk; 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; unk; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; complains about 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 year ago; There has been treatment or conservative therapy.; Pressure behind right eye, neck pain radiates to right arm, dizziness, migraines; Lumbar puncture, taking medication acetazolamide 250MG per day.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		unknown; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; &Enter Additional Clinical Information>	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&Enter answer here - or Type In Unknown If No Info Given. >; 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.; 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 unknown if there is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		tremor, gradual 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 weakness, speech impairments, or vision deficits.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for a neurological disorder.; 3 months ago; There has been treatment or conservative therapy.; memory loss, vision disturbance; patient has seen an Optometrist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 2 weeks; There has been treatment or conservative therapy.; bil hand pain and numbness; hx of surgery, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/2011; There has been treatment or conservative therapy.; Chronic pain in neck, shoulders, and back; PT, injections, 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
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for trauma or injury.; don't know; There has been treatment or conservative therapy.; chronic back pain; back surgery Aug 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		. Patient complains of upper back pain and neck pain. The discomfort is most prominent in the cervical spine and in the thoracic spine. This radiates up to the neck down bil upper extremities. She characterizes it as intermittent, moderate in intensity, t; This study is being ordered for trauma or injury.; October 2017; There has been treatment or conservative therapy.; Patient complains of upper back pain and neck pain. The discomfort is most prominent in the cervical spine and in the thoracic spine. This radiates up to the neck down bil upper extremities. She characterizes it as intermittent, moderate in intensity, thr; lengthy Physical therapy for 6 months, oxycodone at time of mva, naproxen 500mg, flexeril 10 mg, chiropractor for 2 month and is currently seeing them; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; 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.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; Chronic LBP, upper back pain, left cervical radiculopathy, burning sensation numbness and tingling down the left arm, burning sensation in left forearm, numbness & tingling in an ulnar distribution on the left.4/5 weakness in the LUE as compared to the RU; LESI injections, rhizotomy, Nucynta, OTC medications with minimal relief, home exercise program for 6-8 weeks, TENS unit nightly for several weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 8-23-2008; There has been treatment or conservative therapy.; Physical therapy, Previous surgery, Medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having continued pain in thoracic and lumbar with radiculopathy after conservative treatment with medication and PT; There has been treatment or conservative therapy.; Thoracic and lumbar pain with radiculopathy; Prescription 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Compression fx. t-12 confirmed by xray.; This study is being ordered for trauma or injury.; 08/15/2018; There has been treatment or conservative therapy.; Severe back pain, numbness and tingling in LLE.; Went to ER after worsening pain from a previous fall last October, pt. has been receiving chiropractic trmt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		For Pre-Op 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		has a known lesion on thoracic spine, pain in Lumbar spine has a history metastatic 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 specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; PT presents to establish. He has been incarcerated and was recently released from prison and needs to get a physician. He reports that he has a h/o compression fracture due to a fall 3-4 years ago. He also fractured his left knee due to a fall 2011. He su	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 year ago; There has been treatment or conservative therapy.; Pressure behind right eye, neck pain radiates to right arm, dizziness, migraines; Lumbar puncture, taking medication acetazolamide 250MG per day.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Will Fax clinical; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Worsening Dementia, Memory Deficit, Unstable gait; 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	Approval	71250 Computed tomography, thorax; without contrast material			2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		"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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< 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	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< 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.; It is unknown if there is radiologic evidence of non resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Pt. has been having pain in his mid back on left back for the past 3 months. He has been going to PT for 2 months, but did not help. She has seen a chiropractor as well who told him he might have herniated disc. He states that raising his arm up and exte	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		MRI is negative and is having loss control of bowel and bladder.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Musculoskeletal:  Thoracic back: She exhibits tenderness and pain. She exhibits no bony tenderness, no swelling, no edema, no deformity and no laceration.  Lumbar back: She exhibits tenderness and pain. She exhibits no bony tenderness, no swelling, no e; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		none; This study is being ordered for trauma or injury.; 06/22/2018; There has been treatment or conservative therapy.; right sided back pain, and thoracic back pain, and weakness; oral 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Patient completed 4 weeks of physical therapy.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		per caller chronic pain; 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.; per caller weakness and pain found between shoulder blades, pain is increased with pain of motion, disturbed skin sensation in both arms.; The 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		positive straight leg raise; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/01/18; There has been treatment or conservative therapy.; pain, weakness; In home physical therapy, antiinflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		She is having severe pain up to a 10/10 at times in the lower thoraco-lumbar region. She has an old MRI of the lumbar area from Saint Bernards on file here at NEA that shows a syrinx of the lower thoracic region done in 2017. Patient with arthritic knee.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; back pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	6
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	6

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; PT SEEN IN OFFICE 7/16/18 AND GIVEN VOLTAREN. PT HURT BACK PUTTING UP A TREE STAND A FEW MONTHS AGO. HAD XRAY 7/17/18 THAT SHOWED T8 AND T9 MILD WEDGE COMPRESSION DEFORMITIES.	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/2018; There has been treatment or conservative therapy.; nodules; Medications, plain films; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; many years ago; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		; "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	5
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		; 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 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; 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 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	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		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	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 follow-up to surgery or fracture within the last 6 months.; patient is in a lot of pain, cannot figure out reason for pain even after having an ultrasound and CT done.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	30
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	3
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 foot drop.; There is recent evidence of a thoracic spine fracture.	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; There has not been a recurrence of symptoms following surgery.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patients is experiencing lower back pain with radiating pain in bilateral extremities.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			24
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; pain radiating to the buttocks; pain radiating to the legs; pain radiating to the foot; pain radiating to the ankle; right side worsening; severe (8-10); interference with sleep weak limbs; numb; 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 Document exam findings Patient has weakness in both arms and 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.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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.; left leg complete numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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.; leg weakness, pain radiating down to ankle and 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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 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 include exercise, prescription medication and follow-up office visits.; No relief, for over 6 weeks of home exercise.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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	14
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 2 weeks; There has been treatment or conservative therapy.; bil hand pain and numbness; hx of surgery, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2018; There has been treatment or conservative therapy.; 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/13/18; There has been treatment or conservative therapy.; right leg weakness and numbness; 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	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/11/2018; There has not been any treatment or conservative therapy.; pain in lower back shooting into R leg, numbness, tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; don't know; There has been treatment or conservative therapy.; chronic back pain; back surgery Aug 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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.	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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: limited range of motion due to pain and muscle spasms of the lower lumbar spine.L3 point tenderness, light tapping causes shooting pains into the anterior middle and distal medial thigh.L4 point tenderness with tapping causing shooting electric 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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: Intermittent numbness in toes and left leg, decreased sensation to light touch in hip, leg and 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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 going down legs when trying to get up after sitting, pain shoots down back and 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	55

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	131
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		ABNORMAL LAB WORK X-SMOKER HAS HAD CANCER (LUNG); 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 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 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient 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 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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 not directed conservative treatment for the past 6 weeks.	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for a neurological disorder.; 11/2017; There has been treatment or conservative therapy.; Low back pain, right hip, anterior thigh radiating to knee and shin, foot weakness; Physical therapy, Epidural 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	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for a neurological disorder.; 8-23-2008; There has been treatment or conservative therapy.; ; Physical therapy, Previous surgery, Medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/2018; There has been treatment or conservative therapy.; Neck pain bilaterally in trapezius and extends into shoulder. Lower back pain chronic duration.  Range of motion is limited through out the cervical and lumbar spine. Pain demonstrated with flexion and extension.  Bilateral positive straight leg r; Physical Therapy - 02/06/2018 Gabapentin - 02/06/2018  Diclofenac Sodium - 03/29/2018 Tizanidine - 03/29/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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 Year history; There has been treatment or conservative therapy.; Low back and cervical spine pain. Low back pain radiating to lower extremities; Has tried physical therapy but unable to complete from 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; ; Pt reports difficulty with standing and bending for long periods of time.Pt reports pain increases when squatting, Pt also reports low back pain and weakness, burning sensation to right hip when standing, running and bending.; alev, stretching, Physical therapy, icy hot rubs with minimal effectiveness, also wears brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 36 year old male with past history of prolapsed lumbar intravertebral disc, post surgery and DVT in 02/2017. Needing updated MRI prior to referral to neurosurgeon.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		attaching clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Back pain  Onset: 4 months ago. It occurs persistently. Location of pain is lower back and legs. Pain is radiated to the left calf, left foot and left thigh.The patient describes the pain as an ache, numbness and shooting.The patient denies relieving fac; The study 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  Onset: 4 months ago. It occurs persistently. Location of pain is lower back and legs. Pain is radiated to the left calf, left foot and left thigh.The patient describes the pain as an ache, numbness and shooting.The patient denies relieving fac; The patient does not have new signs or symptoms of 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

				compression fracture of L4 on 2/12/18, PATIENT HAS PAIN THAT RADIATES INTO RIGHT HIP, DID OF LUMBAR SPINE, CHRONIC PAIN RELATED TO FRACTURE; The study requested is a Lumbar Spine MRI; Follow-up to Surgery or Fracture within the last 6 months; 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.; PATIENT TRIED RECOMMENDED HOME TREATMENT, IN TOO MUCH PAIN TO COMPLETE IT; There has been a recurrence of symptoms following surgery.; The surgery was more than 6 months ago.; HYDROCODONE/ ACETAMINOPHEN 5/325MG; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Chest pain describes the reason for this request.; This study is being requested for a congenital abnormality; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		chronic bronchitis chronic cough abnormal chest xray; 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	Approval	71250 Computed tomography, thorax; without contrast material		F/U on previous CT Chest that showed Lung 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 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 Computed tomography, thorax; without contrast material		history of a left neck mass with suspicion for base of tongue primary and is status post a direct laryngoscopy with biopsy. At this point, the patient denies pain, odynophagia, dysphagia, otalgia, hoarseness, wt loss, dyspnea, neck mass, oral bleeding, he; 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 Computed tomography, thorax; without contrast material		IN FEBRUARY OF THIS YEAR A CT SHOWED THERE WAS A SMALL PULMONARY NODULE IN THE RIGHT LOWER LOBE THAT WAS MEASURING 8MM IN SIZE. WE ARE NEEDING A FOLLOW UP CT TO CHECK THE SIZE OF THE 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 work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Incidental finding on Cervical spine CT done in ER. Radiologist recommended outpatient chest CT for evaluation; "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 Computed tomography, thorax; without contrast material		Lower Back Pain With Radiculopathy - Tobacco Smoker With Cough For Greater Than 30 Years; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal finding on physical examination was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		degenerative disc disease. Failed injections. Abnormal X Ray 7/11/2018. No injury. Not sleeping well. Pain is getting worse. 01/01/2015 onset began.; The study 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.; Extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Did have MRI in March 2018. Since that time had fall (June 2018), seen in clinic and referred to PT. Completed sessions until she was able to perform exercises on her own at home. Did have improvement w/ exercises after about 1 month. In past 2 weeks, pa; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		had previous surgery and still having 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		herniated disc lumbar spine  left leg weakness right leg 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 weakness.; Left leg weakness noted on exam. Radiating right leg pain. herniated disc known; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		History of low back pain, 8yrs x-ray shows a bulging disc in L5,L4; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		increased back pain getting no relief with anti-inflammatories, had to go to ED to get stronger meds, needs MRI to get referred to specialist; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		LIMITED RANGE OF MOTION TROUBLE BENDING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2018; It is not known if there has been any treatment or conservative therapy.; LIMITED RANGE MOTION LIMITED MUSCLE STRENGTH IRREGULAR GAIT TENDERNESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Limited range of motion, pain, and spasms.; The study 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	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	5

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		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 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 Computed tomography, thorax; without contrast material		patient has been complaining of right lower quadrant pain for 2 years, lower back and flank pain with hematuria for that long as well, trying to rule out kidney stone or malignancy. Had CT Chest in October 2017 with an incidental finding of noncalcified ; This study is 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 was seen 11/7/2016 with right lower abdominal pain and burning sensation. No hematuria at that time. Has since been seen in clinic 3 times since then, hematuria noted on urinalysis. Trying to rule out kidney stone or malignancy since n; There has been treatment or conservative therapy.; right lower quadrant pain, lower back pain, flank pain, hematuria. noncalcified pulmonary nodule on CT chest from October 2017.; antibiotics, heat, Tylenol, motrin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology .Please set up for pulmonary nodule, please set up for comparison to previous. MLA APRN; "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 Computed tomography, thorax; without contrast material		LUMBAR PARASPINA TENDERNESS, PAIN WITH EXTENSION PAIN WITH FLEXION, PAIN WITH LATERAL BENDING. FAILED NSAIDS AND PHYSICAL THERAPY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; DECREASED KNEE JERK ON RIGHT	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		lumbar spine exhibited abnormalities. low back pain with motion.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Morris Neal is a 56 y.o. male . He has had idiopathic peripheral neuropathy in the feet for years and sees Dr. Bellinga. He also has lower back pain. He has been able to continue working as a cook, part-time, until recently when he had to quit due to in; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Morris Neal is a 56 y.o. male . He has had idiopathic peripheral neuropathy in the feet for years and sees Dr. Bellinga. He also has lower back pain. He has been able to continue working as a cook, part-time, until recently when he had to quit due to in; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Musculoskeletal:  Thoracic back: She exhibits tenderness and pain. She exhibits no bony tenderness, no swelling, no edema, no deformity and no laceration.  Lumbar back: She exhibits tenderness and pain. She exhibits no bony tenderness, no swelling, no e; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MUSCULOSKELETAL: lumbar paraspinal tenderness, pain with extension, pain with flexion, pain with lateral bending .  NEUROLOGIC: decreased knee jerk rt 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.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; NEUROLOGIC: decreased knee jerk rt leg	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Musculoskeletal: Positive for arthralgias, back pain, gait problem, myalgias and stiffness.  Neurological: Positive for 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 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.; Reflex Scores Patellar reflexes are 2+ on the right side and 2+ on the left side.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		no improvement pain now radiating per PT has been to physical therapy 4 times taking flexeril at this time which helps minimally; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Constant shaking; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 is tender by the touch . Weakness in the lower extremities 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.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Numbness and tingling in bilateral lower extremities, difficulty walking, bowel disturbances associated with back pain.; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks. (Onset: since 2010 Duration: intermittent Location: low back, midline Description: fell in water ditch at work, fell on his butt, went to PT with work but doesn't feel better. Had xrays done but still haven't seen the reports yet (therapy notes just s, The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Papillary thyroid carcinoma Chronic midline low back pain with right-sided sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient had back pain and paresthesia to extremities; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient had epidurals with child birth. She has had low back pain off and on for some time. Recently she has been having increased pain and frequency and radiation to the right lower leg. Plain lumbar x-ray did not show. Requesting an MRI of the 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has abnormal CT of lumbar spine that recommends further imaging with a Lumbar MRI with and 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

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request; Pre-operative evaluation describes the reason for this request; This is a request for a Chest CT; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		previously approved, but expired; "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 Computed tomography, thorax; without contrast material		Recent chest xray showing a focal increased density in the left upper lobe, which may represent a mass lesion. Recommend CT of the chest for further evaluation.; "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 Computed tomography, thorax; without contrast material		rule out thoracic/abdominal aortic aneurysm; This study is being ordered for Vascular Disease.; 1/25/18; There has been treatment or conservative therapy.; aneurysm s/p repair, family history of AAA rupture, pt with anxiety, hypertension, anxiety, chronic migraine, hypermobility of joints, needing to rule out chest or abdominal aneurysm.; blood pressure management, had aneurysm repair in brain 1/25/18, needing to investigate for aneurysm in abd or chest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material		shortness of breath chest pain tick borne illness with coagulopathy doe extreme fatigue; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		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	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Time for a re-evaluation for a CT and patient is having night sweats and abdominal cramping. They are afraid it spread.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material		Unexplained weight loss describes the reason for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT HAS BEEN DEALING WITH BACK PAIN FOR SEVERAL WEEKS, PT HAS STARTED PT ABOUT 2 WKS AGO AND IS UNABLE TO DO ALOT OF THE PT BECAUSE OF THE PAIN, THE PHYSICAL THERAPIST IS SAYING PT NEEDS MRI; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has been having back pain that is worsening. She has had steroid injections and tried over the counter 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 then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient has lumbar back pain and muscle spasms 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has tried and failed physical therapy and medication therapy. She is having pain with radiculopathy running down her leg.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT HAS WEAKNESS IN THE LEFT LEG, HAD A RECENT PELVIC FRACTURE WITHOUT INJURY BUT HAD THIS WEAKNESS PRIOR TO THIS HAPPENING. Balance impaired significantly on observation of gait. HAS osteoporosis ALSO DIAGNOSIS.Balance still off and having issues ambulat; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT no help- ER for 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.; limp; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		tenderness noted in the lateral thigh bilaterall, left worse than right, and L hip tenderness; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		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 Computed tomography, thorax; without contrast material		Unknown; 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 Computed tomography, thorax; without contrast material		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.; 6/28/2018; There has been treatment or conservative therapy.; Pain, 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	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT of abdomen showed some plaque in his aorta; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/11/2018; 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
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	45

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		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.; 7/4/2018; There has not been any treatment or conservative therapy.; Shortness breath and chest pain, possible blockage of chest and abdominal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		patient had soft tissue ultrasound and the radiologist recommended MRI with and without contrast for chest wall mass; This study is being ordered for a work-up of a suspicious mass.; Unknown if 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 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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 physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material			2
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		< 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.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		; 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 Computed tomography, cervical spine; without contrast material		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	Approval	72125 Computed tomography, cervical spine; without contrast material		ct is needed to evaluate boney structure vs looking @ tissue; 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 Computed tomography, cervical spine; without contrast material		Motor Vehicle Accident, cervical spine pain/ soreness, closed head injury w/o LOC; 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 Computed tomography, cervical spine; without contrast material		patient was in a mva; 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 Computed tomography, cervical spine; without contrast material		Stiffness of the neck; 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 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	5
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		to evaluate and treat abnormal cervical xray widenin of space between the lateral masses (7mm on the right and 5mm on the left) of C1 and the dens along; 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 Computed tomography, cervical spine; without contrast material		while I was at work I had a seizure earlier today; This study is being ordered for a neurological disorder.; The patient reports she had a seizure April 1st 2016. She had a syncopal episode in front of the Refrigerator at that time. She was clenched up and was unresponsive. She was evaluated in the ER. She had a full workup at that time. After that visit she was; There has been treatment or conservative therapy.; while I was at work I had a seizure earlier today; THEY HAVE TREATED THE BLOOD PRESSURE THINKING IT WAS THE BP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 Computed tomography, lumbar spine; without contrast material		; 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	72131 Computed tomography, lumbar spine; without contrast material		; This study is 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; It is not known if there has been any treatment or conservative therapy.; 52-year-old gentleman presents to the clinic today with a chronic history of low back problems. He is status post multiple back surgeries. He is fused from L2-S1, with instrumentation at L2-3. His first surgery was in 2007, and his last one was in 2015; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 Computed tomography, lumbar spine; without contrast material		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	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	26
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		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.; 04/2018; There has been treatment or conservative therapy.; Back pain SOB; Xray 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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.; Experiencing weakness in the right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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.; HANDS GO NUMB; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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 and decreased grip in left hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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.; The 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 not 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.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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 have new or changing neurologic signs or symptoms.; There is weakness.; down left 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 2 weeks; There has been treatment or conservative therapy.; bil hand pain and numbness; hx of surgery, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2016, There has been treatment or conservative therapy.; pain radiating up and down leg....degenerative change is pronounced at c6 and c7; pain mngmt to give something without Tylenol due to cirrhosis of liver; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Cervical- 06/27/2013. Lumbar- 04/28/2016.; There has been treatment or conservative therapy.; Radiculopathy, pain shooting down leg and arm, arm weakness, and increased pain in the neck.; Physical therapy 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tingling in arms and down neck cannot grip items severe pain getting 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; Chronic LBP, upper back pain, left cervical radiculopathy, burning sensation numbness and tingling down the left arm, burning sensation in left forearm, numbness & tingling in an ulnar distribution on the left.4/5 weakness in the LUE as compared to the RU; LESI injections, rhizotomy, Nucynta, OTC medications with minimal relief, home exercise program for 6-8 weeks, TENS unit nightly for several weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		back pain x 2 years periodically and getting worse. has tried otc medications and chiropractor w/o relief neck pain x 1 month radiates down arms past mri shows disc desiccation at l5-s1; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Carpal tunnel syndrome; This study is being ordered for a neurological disorder.; 05/21/2018; There has not been any treatment or conservative therapy.; Neck pain syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		chronic neck and 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		History of pseudotumor cerebrii, HLA B27 positive; This study is being ordered for a neurological disorder.; 8-27-18; There has been treatment or conservative therapy.; Transient loss of consciousness, localized headache in right occipital region, neck pain, pain radiating into bilateral arms, generalized widespread myalgias; Patient taking NSAID (diclofenac), muscle relaxer (phenadrine), and tramadol without relief of symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Mrs. NGUYEN presents with neck pain. for neck pain for neck injury. The pain is located posteriorly. The pain radiates to the upper back. The pain is characterized as severe and constant. Initial onset was 6 days ago. The precipitating event seems t; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Neck Pain  Pain location: Generalized neck Quality: Aching Pain radiates to: Does not radiate Pain severity: Moderate Duration: may be 2 months. Timing: Intermittent Chronicity: Recurrent Relieved by: OTC pain patch. Worsened by: Position 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient had a nerve conduction study done and the results were:  Impression  This is an abnormal EMG/NCV of the BUE with the following: Electrically moderate-severe CTS at the R wrist and electrically moderate CTS at the L wrist.  No clear cut comp; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has lost function in several fingers on bilateral 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		patient had back pain and paresthesia to extremities; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient had this 04/16/2018; patient had left hand pain and numbness, xray was 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.; Left arm numbness and weakness, Decreased range of motion from left 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient has chronic pain; This study is being ordered for Vascular Disease.; 05/2018; There has been treatment or conservative therapy.; Pain in the shoulder, lower back, knee, and ankle. Struggling with numbness, tingling.; Medication therapy, Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		PATIENT NEEDS FURTHER EVALUATION; This study is being ordered for a neurological disorder.; 2 WKS AGO; There has been treatment or conservative therapy.; LUMBAR AND CERVICAL PAIN WITH RADICULOPATHY AND LEG WEAKNESS. WORSENING HEADACHE OVER 2 WKS WITH VISION CHANGES; TREATMENT FOR BACK PAIN HAS BEEN PHYSICAL THERAPY, NSAIDS, PAIN MEDS. TREATMENT FOR THE HEADACHE HAS BEEN TYLENOL, IBU, EYES CHECKED.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		positive straight leg raise; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/01/18; There has been treatment or conservative therapy.; pain, weakness; In home physical therapy, antiinflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		suspicious for ms headache visual disturbances dizziness disequilibrium neck pain neuropathy falling; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	5
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	24
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	5
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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?	43
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	433
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; It is not known if this patient had a recent course of supervised physical Therapy.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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?	2
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	2

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 completed 6 weeks or more of Chiropractic care.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	196
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	79
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; PT HAS HAD A NERVE BLOCK TEST AND WAS TOLD HE HAS NUMBNESS IN R ARM/HAND. DURING OFFICE VISIT PT VOICED CONCERNS OF RIGHT ARM AND HAND NUMBNESS; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	3
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	55
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; CHECK PAIN	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; chronic neck pain that radiates into hand with tingling and numbness, DJD, DDD	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 had ct of cs spine its showed multilevel of degenerative disc disease and bulging disk with super imposed small lift paracentral protrusion, migrating c4 and c5	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Unknown; 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 than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Unknown	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Unknown; This study is being ordered for trauma or injury.; 06/06/2018; There has been treatment or conservative therapy.; Worsening pain interfering with sleep, radiculopathy, irregular gait, inflammation, muscle spasms.; Baclofen, Hydrocodone, Ibuprofen 600mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		xrays done on dos are normal. patient given a medrol dose pack on dos. not known if it has helped.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.;" patient involved in a motor vehicle accident where air bags were not deployed. patient was restrained. rear ended. significant back pain	1

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; 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 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.; List meds here	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/13/18; There has been treatment or conservative therapy.; right leg weakness and numbness; 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	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/11/2018; There has not been any treatment or conservative therapy.; pain in lower back shooting into R leg, numbness, tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 11/2017; There has been treatment or conservative therapy.; Low back pain, right hip, anterior thigh radiating to knee and shin, foot weakness; Physical therapy, Epidural 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	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; back pain, radiation to right buttocks, calf and heel. tremors in muscles of leg, numbness; nsaid, history of lumbar surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/21/18; There has not been any treatment or conservative therapy.; low back pain, abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is 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 had back surgery on 03/03/2018 in Little Rock,AR; There has been treatment or conservative therapy.; Thoracic and Lumbar Pain; Back Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		52 year old female with severe osteoporosis, had a fall, went to ER, X-ray and dexa scan indicated intervertebral fracture.; 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 than 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		chronic neck and 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		CT Chest result: 1. Severe emphysema with no suspicious pulmonary parenchymal lesions.  2.  Likely incidental non aggressive appearing 2.4 cm lesion on the T11-T12 neuroforamen. Contrastd  thoracic spine MRI could be performed for further chara; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		LIMITED RANGE OF MOTION TROUBLE BENDING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/31/2018; It is not known if there has been any treatment or conservative therapy.; LIMITED RANGE MOTION LIMITED MUSCLE STRENGTH IRREGULAR GAIT TENDERNESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		mild wedging shown on x ray, PT, injections; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		pain getting worse; 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.; having hard time gripping items pain severe; The 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		patient had back pain and paresthesia to extremities; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Patient is wanting 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.; 08/18/2015; There has been treatment or conservative therapy.; Leg weaknesses, pain in upper and lower back and bilateral knees, tenderness to thoracic and lumbar back and bilateral knees; Home exercises, pain medication, 6 weeks of physical therapy at Total Spine Outpatient Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Pt needs to see a specialist for persistent pain, but they will not see her without an MRI; 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 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 done home exercises and anti inflammatory medications since August 2017. Unable to continue meds due to GI upset	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 has weakness in legs from radiating pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does have neurological deficits; This is a request for a thoracic spine MRI; The study is being ordered due to chronic back pain or suspected degenerative disease; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits; It is not known if the patient has failed a course of anti-inflammatory medication or steroids; This is a request for a thoracic spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks; The study is being ordered due to chronic back pain or suspected degenerative disease; compression deformity at T6 and T11	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits; The patient has failed a course of anti-inflammatory medication or steroids; This is a request for a thoracic spine MRI; It is not known how many follow-up thoracic spine MRIs the patient has had; There has not been a supervised trial of conservative management for at least 6 weeks; The study is being ordered due to chronic back pain or suspected degenerative disease.; Upper back pain radiates to left shoulder blades, interfering w/work, PT for 3 weeks, no improvement.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits; The patient has failed a course of anti-inflammatory medication or steroids; This is a request for a thoracic spine MRI; The patient has had 3 or fewer thoracic spine MRIs; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.; Mrs Howeth comes in due to almost a week of head and sinus congestion. She has some drainage. She has been on Therflu. She is also on lexapro for anxiety and is doing well. She takes prn flexeril for chronic neck pain. She also reports occasional p	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Location: left  Quality: stabbing (and tingling pains); throbbing; worsening; radiates to left (arm)  Severity: severe; pain level 7-10/10  Duration: 12 weeks (has an appt with Dr Pace on 9/17/2018 @ 10:30 to discuss surgery dates)  Timing: acute  Co	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.;" "The caller indicated that there is not a known condition of: Tumor, infection or Neurological deficits.;" The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; Known compression fx	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 a facet joint injection.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; 8/13/18; There has been treatment or conservative therapy.; right leg weakness and numbness; 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  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.; left leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 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.; leg numbness 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 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; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for a neurological disorder.; 5/21/2018; There has been treatment or conservative therapy.; The pt has back pain w/weakness, tingling in legs, scoliosis, numbness; Meloxicam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2016; There has been treatment or conservative therapy.; pain radiating up and down leg....degenerative change is pronounced at c6 and c7; pain mgmnt to give something without Tylenol due to cirrohis of liver; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2018; There has been treatment or conservative therapy.; pain and weakness in arm; rest 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	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/16/2018; There has been treatment or conservative therapy.; radiating pain, low back pain, hip pain; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/10/2017; There has been treatment or conservative therapy.; pt is falling; 6 weeks of therapy for knee and back, 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		. with history of spinal stenosis and lumbar spine surgery 5 months ago. Seen in walk-in clinic today for complaints of new back pain for the last 4-5 days. He describes right-sided back pain with right-sided sciatica. Pain has been constant and is ex>; 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.; Patient presents for chronic lower back and right hip pain. He has had numerous falls, at least 3 in the last 4 months that could have contributed to his lower back pain and hip pain. On March 16th he had a fusion, posterior transpedicular fusion at L3 ; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	135
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	344
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 completed Treatment with a facet joint or epidural injection in the past 6 weeks; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a new foot drop.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; right leg is weaker than the left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; This study is being ordered for a neurological disorder.; 3 months ago; There has been treatment or conservative therapy.; memory loss, vision disturbance; patient has seen an Optometrist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		worsening pain in lower extremities and numbness with sitting, states cant hardly walk; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty walking and sitting for long periods of time; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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 jerk reflex's 1/2/4 bilaterally.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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.; L 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; low back pain radiating to left hip and thigh HPino recalled injury other than a lifetime of labor; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having increased radiculopathy and has had 6 weeks of conservative treatment. Symptoms persistent; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; back pain, radiation to right buttocks, calf and heel. tremors in muscles of leg. numbness; nsaid, history of lumbar surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for a neurological disorder.; PATIENT IS HAVING BACK PAIN WITH BILATERAL LEG PAIN. GETTING WORSE; There has not been any treatment or conservative therapy.; PATIENT IS HAVING BACK PAIN WITH BILATERAL LEG PAIN. GETTING 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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; It is not known if there has been any treatment or conservative therapy.; Back and hip pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; 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.; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		< 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	72192 Computed tomography, pelvis; without contrast material		; 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 active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis.;" "There are no 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 Computed tomography, pelvis; without contrast material		; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Drained abscess - doctor wants to make sure that it has not gone into rectum.; 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 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 Computed tomography, pelvis; without contrast material		History of MVA in January of 2017. Possible aseptic necrosis on plan films. CT scan recommended by radiologist.; 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2016; There has been treatment or conservative therapy.; 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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; It is not known if there has been any treatment or conservative therapy.; 52-year-old gentleman presents to the clinic today with a chronic history of low back problems. He is status post multiple back surgeries. He is fused from L2-S1, with instrumentation at L2-3. His first surgery was in 2007, and his last one was in 2015; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/21/18; There has not been any treatment or conservative therapy.; low back pain, abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; double study + ambetter= automatic review. will just upload notes.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is 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 had back surgery on 03/03/2018 in Little Rock AR; There has been treatment or conservative therapy.; Thoracic and Lumbar Pain; Back Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having continued pain in thoracic and lumbar with radiculopathy after conservative treatment with medication and PT; There has been treatment or conservative therapy.; Thoracic and lumbar pain with radiculopathy; Prescription 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		MD is worried about patient having infection due to pelvic pain, fever, chills. Possibility of retained product from surgery. Blood pressure is elevated, high pulse, leg cramps; 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	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Patent continues to have groin pain with palpable mass and Ultrasound shows cyst of epididymis; 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	Approval	72192 Computed tomography, pelvis; without contrast material		patient is having severe pelvic pain and had an abnormal x-ray after rolling her vehicle several times; 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

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Patient with pain in R buttock x 2 weeks. Suspected fistula. Has also noticed small opening.; 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	Approval	72192 Computed tomography, pelvis; without contrast material		pelvic pain; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		PER ABD ULTRASOUND RESULTS: 1.Cholelithiasis w/o evidence of acute cholecystitis. No biliary ductal dilatation. 2.Mild right-sided hydronephrosis, w/o evidence of an obstructing stone. This is of uncertain etiology. Further evaluation with a follow up C; 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 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 Computed tomography, pelvis; without contrast material		Probable fracture; 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	Approval	72192 Computed tomography, pelvis; without contrast material		Pt has been having unexplained pelvic pain for the past couple of months; 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	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		PT SYMPTOMS HAVE WORSENEDESPITE TREATMENT; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		radiologist rec. CT Pelvis with IV contrast; 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 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 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 Computed tomography, pelvis; without contrast material		Recurrent left inguinal 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 the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Right 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		The pain is at a severity of 10/10. History of pelvic mass.   Associated symptoms include constipation and nausea. The pain is aggravated by certain positions, coughing, deep breathing, eating, movement and palpation.; 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 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
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< 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	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2018; There has been treatment or conservative therapy.; 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	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Abnormal weight loss.; 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
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		CT scan incidentally noted nodule on adrenal, recommended f/u with MRI for evaluation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Radiologist suggested MRI of the pelvis was favored. Checking to see if this is an ovarian cyst.; 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.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		SI (sacroiliac) joint dysfunction; Has been to chiropractor for therapy and found to have more left sided SI joint dysfunction; Has not had imaging of SI joint. Has known spinal issues. Also concerned about Hashimoto's and cpp arthropathy; Musculoskeletal.; 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 tall bone pain or injury.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	2
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	6
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material			2
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		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	2
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		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.; 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 Computed tomography, upper extremity; without contrast material		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	3

General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; pt has chronic weakness to right lower extremity  this chronic weakness and pain have a significant effect on his ability to perform ADLs and ability to maintain any type of regular employment -  X-ray of knee showed large posterior knee compartment w/; Meloxicam 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	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Abnormal electromyogram [EMG]; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Back Pain Reported by patient. Location: lumbar; pain radiating to the buttocks; pain radiating to the legs Quality: sharp; tingling; stiffness Severity: worsening; severe (8-10); interference with sleep; interference with work Duration: chronic  On; 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.; Lumbar Spine: Inspection no kyphosis, scoliosis, lordosis, skin abnormalities, or visible deformity and normal hair pattern. Soft Tissue Palpation on the Left: tenderness of the paraspinal region at L 4, the iliolumbar region, the gluteus maximus, and the	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		chronic neck and 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Compression fx. T-12 confirmed by xray.; This study is being ordered for trauma or injury.; 08/15/2018; There has been treatment or conservative therapy.; Severe back pain, numbness and tingling in LLE.; Went to ER after worsening pain from a previous fall last October, pt. has been receiving chiropractic trmt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		follow-up with worsening symptoms of back pain with radiating symptoms to the left leg. SLR positive.; 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	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/12/2018; There has not been any treatment or conservative therapy.; pain and 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	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	2
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		 Enter answer here - or Type In Unknown If No Info Given.  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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/24/2016; There has been treatment or conservative therapy.; Pain, Medications 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	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for trauma or injury.; SEP 2017; There has been treatment or conservative therapy.; PAIN; PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		For Pre-Op 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		has a known lesion on thoracic spine, pain in Lumbar spine has a history metastic 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 specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		he is having A lot 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		hyperlipidemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; u/k; There has been treatment or conservative therapy.; back pain.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		L1-L3 lumbar spine, left paraspinal and left sciatic notch, Patient notes numbness throughout the entirety of his left leg when he lies in the supine position. States his pain is predominantly an achy sensation and does have some shooting 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lower Back Pain With Radiculopathy - Tobacco Smoker With Cough For Greater Than 30 Years; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Mrs. NGUYEN presents with neck pain. for neck pain for neck injury. The pain is located posteriorly. The pain radiates to the upper back. The pain is characterized as severe and constant. Initial onset was 6 days ago. The precipitating event seems to; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Multiple visits with no release. Tried steroid injections that did not work.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Muscle Pain, medications not working, numbness, weakness and tingling down left leg. Symptoms over a years; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for trauma or injury.; 08/21/2018; There has been treatment or conservative therapy.; Shoulder pain. Neck pain. Numbness down right arm. Worsening pain.; Medications. Injections. Physical Therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		2 weeks ago was helping friend move, lifted TV to carry down stairs and when finished his right arm was dangling and in pain. Army friend jerked it to put it back in place b/c they thought it was dislocated but the pain was bad enough he went to ER; Had a; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		6 Weeks of PT Failed, Due to fall; The pain is from a recent injury.; It is not known if 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.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		ER follow up for shoulder popping out of place- Pt reports increased pain in left shoulder, pt states she felt something tear. Pt states she is unable to sleep at night and has been having lots of pain. Pt had xray done in ER and reported as normal; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		medication for 3 weeks; 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Mr. Underwood presents to clinic to discuss left shoulder pain. He reports injury to left shoulder in 2006 with dislocation of shoulder. He was treated non-operatively including physical therapy. He reports recent flare-up of left shoulder pains. He works; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Musculoskeletal System: Left Shoulder: decreased range of active flexion motion, active extension, active internal rotation, active external rotation, and active circumduction motion; reduced ROM; and no warmth; tender to palp. of deltoid and insertion of; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Musculoskeletal:  Lumbar back: She exhibits tenderness (in the lower lumbar spine more toward the left and along the left paraspinal muscles and left sciatic notch).  Leg raises negative bilaterally.; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		neck pain, spondylolisthesis and degenerative disc disease.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Paresthesias right extremity. Lumbar pain radiating to the buttocks, pain radiating to the legs.  Describes pain as sharp and stiffness and severe.  Limited ROM of the lumbar spine in both flexion and extension and rotation and tenderness.   irreg; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Radiates down to right lower extremity and tingling in lower 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		none; This study is being ordered for trauma or injury.; 06/22/2018; There has been treatment or conservative therapy.; right sided back pain, and thoracic back pain, and weakness; oral 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		pain - see clinical; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pain and symptoms are worsening despite conservative treatments with exercise and NSAIDs.; The study 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 not able to stand up for very long or walk very far because his leg goes numb.; The patient does not have new signs or symptoms of 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Patient has chronic pain; This study is being ordered for Vascular Disease.; 05/2018; There has been treatment or conservative therapy.; Pain in the shoulder, lower back, knee, and ankle. Struggling with numbness, tingling.; Medication therapy, Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Patient presents with greater than 6 months of right shoulder pain. Lost balance and sustained fall into a piece of furniture and hit right shoulder. Pain ever since. Had abnormal X-ray.; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Positive for arthralgias, neck pain and neck stiffness. Positive for numbness. Positive for sleep disturbance. Bilateral anterior shoulder ttp Bilateral positive empty-can sign with 3/5 strength Good external/internal rotation strength to bilateral s; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		previous diagnosis with rotator cuff issues approx 8 years ago, has not had MRI in past, was seen by ortho in Ohio, and given some injections without relief, worsening pain and limiting ROM in the past month; 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.; The patient received oral analgesics.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		She woke up with shoulder pain 07/14/2018, stiffness.; 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 pain and weakness, sudden onset.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		pain radiating to the foot (left)  Quality: tingling Severity: severe (8-10); 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.; LEFT LEG WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT HAS BACK PAIN AFTER WORKING IN HER YARD - SHE HAD AN OLD BACK INJURY THAT OCCURRED IN 2009 - PAIN IS ONLY RELIEVED WITH REST AND BEING STILL.; 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has been doing lumercises at home as well as inversion table for over 6 weeks, he is using combination of ibuprofen and hydrocodone. Pain has not gotten better Patient has had prior surgery but that was on the Right side. If patient does the left; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left sided weakness and loss of reflexes, Loss of ankle reflex on the left side. X Ray of lumbar spine show a significant decrease in disc space at L5-S1 with mild spondylolisthesis. He has anterior spurs at the bodies of L4 and L5.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has numbness down his left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has started physical therapy but has not completed 6 full weeks of therapy yet. She has tried tx with naproxen, flexeril, ultram, and prednisone with no relief. Her back pain has persisted for 3 months with no direct injury to back. Needing MRI t; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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 not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient is having low back pain. Patient had a previous back injury.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient is wanting 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.; 08/18/2015; There has been treatment or conservative therapy.; Leg weaknesses, pain in upper and lower back and bilateral knees, tenderness to thoracic and lumbar back and bilateral knees; Home exercises, pain medication, 6 weeks of physical therapy at Total Spine Outpatient Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT REPORT ARTHRALGIAS/JOINT PAIN, BACK PAIN AND SWELLING IN THE EXTREMITIES. PHYSICAL EXAM SHOWS MUSCULOSKELETAL: NORMAL TONE AND ABNORMAL MOTOR STRENGTH (WEAKNESS IN PROXIMAL MUSCLES B/L UPPER AND LOWER EXT 3/5.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient tried and failed conservative tx; This study is being ordered for a neurological disorder.; 11/04/2015; There has been treatment or conservative therapy.; lower back pain radiating down rt leg rt hip pain; physical therapy medication both tried and failed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		positive straight leg raise; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/01/18; There has been treatment or conservative therapy.; pain, weakness; In home physical therapy, antiinflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT COMPLAINS OF PERSISTENT SCIATICA PAIN ON THE RIGHT SIDE. HE HAS HAD CHRONIC BACK PAIN BUT HAS WORSEN SINCE A FALL. HE DOES COMPLAIN OF SOME R THIGH NUMBNESS AT TIMES. HE ALSO COMPLAINS THAT IF HE STANDS TO LONG IT WILL CAUSE PAIN, HE HAS TO STAND LEAN; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT DID PT BACK IN OCTOBER OF 2017, SHE DID 9 WKS. SHE WAS NOT ABLE TO ACHIEVE ALL HER GOALS WITH THE THERAPY. SHE IS STILL HAVING A LOT OF PAIN NOW AND HAS DECIDED TO PURSUE FURTHER TREATMENT. SHE NOW HAS DAILY PAIN FROM HER SCIATICA DOWN TO HER FOOT.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.;" Motor vehicle accident- trauma	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 pain with rest and sleep and an audible popping noise is heard during the exam.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.;" Patient presents for follow up of left shoulder pain. Pain started 11/2017 but there was no known injury. She has been diagnosed with impingement and is s/p subacromial CSI on 6/28/18. She has completed PT and takes naproxen 500 BID prn. She says pain ini	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 to be evaluated for shoulder pain. . It radiates to the arm and neck. The pain initially started 6 days ago. The apparent precipitating event was lifting, but the actual mechanism of injury is unknown and frequent heavy lifting. He describes	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	5
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; She has completed at least 6 weeks of PT in the last 6 months for neck and right shoulder pain.  Pain is located in the right shoulder. Pain is rated 38/10. Pain is characterized as dull/aching, sharp/stabbing, and changes in severity but is always pr; The patient is NOT 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt has had recent complaints of low back pain with sciatica on left and numbness in toes of her left foot. MRI was denied by insurance. Pt taking meloxicam and cyclobenzaprine. At last visit NCS ordered- and showed a polyneuropathy; 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Unknown; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		She exhibits decreased range of motion and tenderness; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		She is having severe pain up to a 10/10 at times in the lower thoraco-lumbar region. She has an old MRI of the lumbar area from Saint Bernards on file here at NEA that shows a syrinx of the lower thoracic region done in 2017. Patient with arthritic knee; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		suspicious for ms headache visual disturbances dizziness dysequilibrium neck pain neuropathy falling; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		the patient has tried and failed conservative physical therapy nsaid and still has worsening 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 foot drop.; There is not x-ray evidence of a recent lumbar fracture.; positive straight leg raise at 45 on the right and 60 on the left, unable to elicit a patellar reflex on the right left patellar reflex is minimal.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	14
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.;	5
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; @ weeks shoulder pain, reaching to zip back zipper, cannot move laterally past 30 degrees, x rays, heard a pop	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Arthritis	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; follow up to a injury 2weeks ago	1

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 to her right anterior shoulder radiating down her bicep muscle that is been present for the past 3 months. Pain began after her large dog pulled her right arm with a leash approximately 3 months ago. She denies any numbness or tingling or weakness	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain; The patient has not completed and failed a course of conservative treatment of at least 4 weeks; R 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. Abduction of right arm limited	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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; Right shoulder AC joint pain. Chronic right shoulder pain.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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; s/p shoulder injury. acute pain. hx of injury in 2010.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain; The patient has not completed and failed a course of conservative treatment of at least 4 weeks; Shoulder pain limited ROM	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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; Trouble lifting his arm above waist level, popping, swelling, weakness in the arm	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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?	3
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does 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.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does not have an abnormal plain film study of the joint; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient does not have a documented limitation of their range of motion; The patient has experienced pain for greater than six weeks; The patient has been treated with anti-inflammatory medication in conjunction with this complaint; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does not have an abnormal plain film study of the joint; 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.	3
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does 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 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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.	5
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Unknown; The requested study is a Shoulder MRI; The pain is from a recent injury; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material			1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		< Enter answer here - or Type in Unknown if No Info Given. > This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/18; There has not been any treatment or conservative therapy.; TROUBLE WALKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; 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	2
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		BLOOD CLOT; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 completed conservative care in the past 3 months or had a spine injection	5
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Neurological deficit(s)	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray; Suspected Tumor with or without Metastasis	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This is a follow-up visit. Her symptoms are worse since last visit. Patient denies a history of fever, nausea, vomiting or chills. The discomfort is most prominent in the lower lumbar spine. This radiates to the right buttock, right anterior thigh, ri; The study 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.; Neurovascular: normal sensory exam of T12 through S5; deep tendon reflexes: 1/4 left patellar, 1/4 right patellar, 1/4 left Achilles, 1/4 right Achilles;  Muscular Strength: normal;  Maneuvers: (+) right straight leg raise	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		try and failed PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Tingling her leg and calf gives out from beneath her.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Severe pain in lt leg and hip, lower back in flexed position while walking, unsteady gait, problem lifting lt leg up. Pain with pelvic tilt, no edema in lower leg, decreased DTR in left leg compared to right.; 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; 8/13/18; There has been treatment or conservative therapy.; right leg weakness and numbness; 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	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Unknown; This study is being ordered for trauma or injury.; 06/06/2018; There has been treatment or conservative therapy.; Worsening pain interfering with sleep, radiculopathy, irregular gait, inflammation, muscle spasms.; Baclofen, Hydrocodone, Ibuprofen 600mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		; 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	Approval	72192 Computed tomography, pelvis; without contrast material		getting so painful can rule out some strangulation to it with some GUARDING to it right now; 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	Approval	72192 Computed tomography, pelvis; without contrast material		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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Skin mass noted. It is severe in intensity. It began 5 weeks ago. The current symptoms have been present for 2 days. She estimates that the frequency of pain is several times daily. Pt has ultrasound and the results were a multiloculated cystic- appearing; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		x-ray does not show a fracture, due to age is concerned about osteo, have tenderness and swelling; This study is being ordered for trauma or injury.; 7/26/18; There has not been any treatment or conservative therapy.; unable to bear weight, unable to complete exam because of pain in pelvic and knee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		abnormal MRI; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		check status his Chrons disease; This is a request for a Pelvis MRI.; This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		chronic tailbone pain x 3 years. Fx "pelvic bone" several years ago and has ongoing hip and pelvis pain since then. Pain with intercourse. Pain with walking and sitting, relieved with lying flat. She takes tramadol for her pain, but does not get full reli; 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	73700 Computed tomography, lower extremity; without contrast material		Musculoskeletal: Motor Strength and Tone: normal. Joints, Bones, and Muscles: no contractures or malalignment and limited ROM; flexion of back and has guarding on r si joint now. Extremities: no cyanosis and edema (1+ ble); limping on left knee and has s; 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 other than arthritis.; 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 Computed tomography, lower extremity; without contrast material		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	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is 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 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 no 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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	2
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		patient has a pancreatic mass that was found on ct scan that radiologist said need mri; 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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	3
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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.; Severe pain in lt leg and hip, lower back in flexed position while walking, unsteady gait, problem lifting lt leg up. Pain with pelvic tilt, no edema in lower leg, decreased DTR in left leg compared to right.; 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	Approval	73200 Computed tomography, upper extremity; without contrast material		< 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	73200 Computed tomography, upper extremity; without contrast material		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	5
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		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	3
General/Family Practice	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	1
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Has severe weakness cant use area. Pop in ac region.; 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	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		Will fax; 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
General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	5

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered for infection.; It is unknown if 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 05/29/2018; There has been treatment or conservative therapy.; swelling x 8 weeks, cellulitis, edema; Antibiotics, ultrasound, xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/10/2017; There has been treatment or conservative therapy.; pt is falling; 6 weeks of therapy for knee and back, 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	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; 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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; 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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This study is being ordered for trauma or injury.; 04/12/18; There has been treatment or conservative therapy.; Speers is here for complaints of 5/10 bilateral knee pain that has been present for several months since he twisted his knee. Pain is persistent and aching, stabbing and throbbing in nature. There is some intermittent catching symptoms. Pain is aggravate; NSAIDS ORAL STEROIDS 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	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; pt has chronic weakness to right lower extremity  this chronic weakness and pain have a significant effect on his ability to perform ADLs and ability to maintain any type of regular employment -  X-ray of knee showed large posterior knee compartment w/; Meloxicam 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	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Billy presents with left knee pain. This always resolves in the summers when he is not doing active basketball. And then flares up during the season starts and keeps him from participating fully at his best. He notes the pain to be anterior behind the knee; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Chronic R knee pain not responding to multiple arthrocentesis; 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.; There is conservative treatment other than physical therapy, physician directed course of non-steroidal medications, immobilization or Physical directed exercise.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		concussion syptoms; This study is being ordered for trauma or injury.; 7/2/2018; It is not known if there has been any treatment or conservative therapy.; pain, difficulty walking, 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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Patient injured right knee while at work, and now has pain in right knee.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	16
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	9
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	6
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< 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.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI.; It is not known if the study is requested for shoulder pain.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/12/2018; There has not been any treatment or conservative therapy.; pain and 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/18; 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient 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.; her pain in not being control by meds pain is worsening at night, steroids naproxen and Tylenol, topical agents, alternated ice and heat. Range of motion PT were for 8 weeks.; The patient received oral analgesics.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Exams: right arm: POS DROP arm test, grip 2/5, 0/5 on external rotation, 3/5 on flexion and extension, 4/5 on internal rotation, decreased sensation on the hand; 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		patient also reports that he was seen the last time he was in for right collar bone pain but now the pain is more in his shoulder. He states he can lift his arm above his head but it causes him great pain.ASSSESSMENT: Left SHOULDER EFFUSION moderate to lar; 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		patient was seen on 8/2/2018 for shoulder pain did an x-ray non specific- and exam-decreases range of motion of strength normal pulse pain with shoulder cross over-no swelling noted -; 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pt fell off a lawn mower 6 weeks ago and continues to have pain on motion despite 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		shoulder x-ray was normal but there is suspicion of a tear due to decreased range of motion; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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. &g	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; Had a fall and has a rotator cuff injury.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; Has history of torn rotator cuff.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 fell five days ago on 09/12/18 and hit brick wall. Patient has limited ROM and significant weakness. X-ray showed possible hairline fracture. Provider feels patient may have rotator cuff injury.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 had an episode trying to lift a bucket of cheese out away from his body and felt several pops in his right shoulder. Pain and weakness in shoulder, unable to lift arm from his side. He is very tender over the AC joint as well as the biceps tendon.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 rotator cuff tear.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 injury. Patient is unable to lift the shoulder out to her side and unable to sleep on the arm. Positive drop arm examination and supraspinatus testing. She is very tender anteriorly over the biceps tendon. Possible rotator cuff pathology.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is an orthopedist; Non-acute Chronic Pain; Instability	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist; Non-acute Chronic Pain; Instability	18
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist; Non-acute Chronic Pain; Limited range of motion	14
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	18

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	15
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	22
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Locking	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	5
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	7
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; Pain and mass; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	10
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Pain greater than 3 days	2

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; No, there is no known trauma involving the knee.; Instability; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; tendonitis, mild to moderate Degenerative joint disease shown on x ray	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; Torn rotator cuff. Fell 6 months ago, now getting worse. Xray on 17th.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has right shoulder pain	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 weakness in shoulder. exam shows signs of impingement.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	147
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; c/o right shoulder pain, possible rotator cuff injury. nothing alleviates the pain. worse with lifting, ROM, weightbearing. tenderness of the ac joint,limited ROM, painful ROM, positive apprehension test. xray shows degenerative changes	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; none	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 6/19/18, Left shoulder for about 2 weeks. Lifting her arm causes increased pain- described as sharp and "ripping". Denies falls. Reports she has been lifting at work- this pain started prior to starting this job. Has numbness/tingling down her arm. Wen	1

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; This study is being ordered prior to arthroscopic surgery; The ordering physician is not an orthopedist; Pre-operative Evaluation; Limited range of motion	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; 2 cm complex cyst found on US 6/15/18 MRI recommended by radiologist; Suspicious Mass or Suspected Tumor/ Metastasis; No, the ultrasound of the knee was not normal.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	17
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	23
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	7
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; There is a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 not suspected.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		unknown; This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 a fall shoulder pain	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient is having left shoulder pain that radiates down the arm, pain increased with movement, physical activity, and sleeping on the same side. Patient did have MRI in 2008 that showed a partial substance tear in the rotator cuff	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; possible rotator cuff tear due to old injury	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Right shoulder exam shows Anterior rotator cuff signs with pain elicited by extension and lifting anteriorly. No lateral tendon pain is noted and minimal posterior rotator cuff tendon discomfort. There is less than full range of motion due to pain when ar	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	6
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; member had a previous left shoulder arthroscopy, member fell on shoulder and there is ongoing pain, went to ER they are requesting for MRI to check if there is anything wrong, hx of rotator cuff repairs,	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; The patient was lifting weights yesterday and felt something tear in his right shoulder and then his shoulder gave out.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; Study being ordered for suspicious mass/tumor/metastasis.; There are no physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; It is not known if the patient has had a recent bone scan.; The patient has not had recent plain films of the shoulder.; ; It is not known if the patient had a recent CT of the shoulder.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	9
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient received joint injection(s).	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.;" "The 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.;" na; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; This study being ordered for suspected aseptic necrosis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 experienced pain for greater than six weeks.	1

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		Reason for Study: Determine extent of PVD. History / Dx: 173.9 Vascular disease, peripheral  History / Dx: vasculitis History / Dx: venous stasis dermatitis of both lower extremities  Duration of Symptoms: Start: 03/07/0018   Physical Exam Fin; This study is being ordered for Vascular Disease.; 03/07/2018; 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	Approval	73700 Computed tomography, lower extremity; without contrast material		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	2
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; The patient has 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 a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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.; "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 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no 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 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
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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	2
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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	3
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Knee CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		right hip pain, trauma about 1 year ago, hit by a vehicle; 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
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.	6
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	14
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Leg CT.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		x-ray does not show a fracture, due to age is concerned about osteo, have tenderness and swelling; This study is being ordered for trauma or injury.; 7/26/18; There has not been any treatment or conservative therapy.; unable to bear weight, unable to complete exam because of pain in pelvic and knee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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.; bilateral foot pain for more than 3 months with failed conservative treatment	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; 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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This is a request for a Knee MRI; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.	2
General/Family Practice	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		LLE pain/clauidation. Abnormal LLE Arterial Doppler results. Severe arterial narrowing with possible resting limb ischemia; Is this a request for one of the following? MR Angiogram lower extremity	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		< 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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; ; Pt reports difficulty with standing and bending for long periods of time,Pt reports pain increases when squatting, Pt also reports low back pain and weakness, burning sensation to right hip when standing, running and bending.; aleve, stretching, Physical therapy, icy hot rubs with minimal effectiveness, also wears brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		ABN finding on xray; This is a request for a Knee MRI; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.	1

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	bilateral knee pain Patient was reassured that her bilateral knee pain is secondary to her piriformis syndrome and IT band syndrome. She was encouraged to modify her activities so as not to continue to injure her knees or hips. At this time she was provi; 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 the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; Suspected meniscus, tendon, or ligament injury; Yes, 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.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	patient went to urgent care on 9/1/2018 with acute injury to knee. states injury happened while bowling on 08/31. patient heard a pop and had instant pain. Xrays at urgent care came back normal giving suspension to ligament and or tendon damage. needing M; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The patient was doing lunges and her knee popped. She has had a previous injury to this knee; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	5
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has 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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	6
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; It is not known if the ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Abnormal ULTRA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	advanced imaging for cancer; 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 Computed tomography, abdomen; without contrast material	Incidental finding on prior imaging; 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 Computed tomography, abdomen; without contrast material	Kidney cyst RUQ pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Left Abdominal Pain, Left Back pain... nausea and abdominal pain. weight loss (8 lbs). Tenderness is noted in the epigastric and LUQ areas on palpation with some guarding noted. No rebound tenderness is present. No hepatosplenomegaly is noted. Left side; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		left upper quad pain for more than 1 month.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		patient had abdominal ultrasound and continues to have abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has been having abdominal pain, he lifts heavy objects at work and has a Left inguinal hernia present on exam.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has jaundice; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient reports abdominal pain (to the RUQ), diarrhea (at times), nausea, and heartburn but reports no vomiting; bloating and gas. She reports muscle aches and arthralgias/joint pain. She reports fatigue. She reports no fever. She reports no ear pain. She; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient reports knot in abdomen, abdominal pain is persistent but now is developing a rash that looks like multiple blisters in the middle abdomen with some pain radiating to the back, patient has focal tenderness mid abdomen towards right side, hard abdo; 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		potentially gb pathology, This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		pt had a CT ABD & PELVIS WITHOUT CONTRAST & IT SEEN LESION IN RT LOBE OF LIVER, FATTY INFILTRATION. RECOMMENDED TO HAVE CT WITH CONTRAST PER RADIOLOGIST; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Pt states she was in the hospital a few months ago with pancreatitis. She states 3 days ago she started having severe abdominal pain and diarrhea that was yellow. Pt states this is the 3rd episode since getting out of hospital.; 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 Computed tomography, abdomen; without contrast material		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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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 ls there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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	9
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is not newly diagnosed, it's known previous history.; There are new signs or symptoms other than hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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	14
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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 this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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.; There are known or endoscopic findings of Abscess.; 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 Computed tomography, abdomen; without contrast material		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	7
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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 Crohn's 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 Computed tomography, abdomen; without contrast material		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	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient had an Ultrasound.; The Ultrasound results were equivocal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		UPPER ABDOMINAL PAIN , CHRONIC- PAIN RADIATES TO BACK AND FLANK-AGGRAVATED BY ALCOHOL AND FOOD- HAS BLOOD IN STOOL, CHANGE IN APPETITE; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		US done today; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Weight loss abd wall lesion; 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	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	5
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT of abdomen showed some plaque in his aorta; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/11/2018; 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
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		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.; 7/4/2018; There has not been any treatment or conservative therapy.; Shortness breath and chest pain, possible blockage of chest and abdominal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material		< 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 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 Computed tomography, abdomen and pelvis; without contrast material		< 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 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 Computed tomography, abdomen and pelvis; without contrast material		< 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.; 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 Computed tomography, abdomen and pelvis; without contrast material		< 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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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 are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	30
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	11
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	27
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	5
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	18
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	9
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	50
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 04/16/2018; There has been treatment or conservative therapy.; weight loss, leg weakness, hypokalemia.; 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 .  History / Dx: R19.7 Bloody diarrhea  History / Dx: R10.9 Abdominal pain, unspecified abdominal location History / Dx:   Duration of Symptoms: Start: 08/13/2018   Physical Exam Findings: 4 episodes of bloody diarrhea today, LLQ pain tender abd; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 04/16/2018; There has been treatment or conservative therapy.; weight loss, leg weakness, hypokalemia.; 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 .  History / Dx: R19.7 Bloody diarrhea  History / Dx: R10.9 Abdominal pain, unspecified abdominal location History / Dx:   Duration of Symptoms: Start: 08/13/2018   Physical Exam Findings: 4 episodes of bloody diarrhea today, LLQ pain tender abd; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; 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 Computed tomography, abdomen and pelvis; without contrast material			; 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 complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; This is a request for 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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; This study is 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.; Malignant neoplasm of upper lobe of left lung and recent unexplained weight loss.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			abdominal tenderness to palpation radiating pain right flank to right quadran; This is a 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 Computed tomography, abdomen and pelvis; without contrast material			abdominal pain, nausea, abnormal kidney function study, melena; This is a request for an abdomen-pelvis CT combination.; This study is being 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			abnormal US; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			APPENDICITIS POSSIBLY LOWER RIGHT QUADRANT REBOUND/GARDING/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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			Blood in urine 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			Chronic abdominal pain, post nissen fundoplication and cholecystectomy. EGD & Colonoscopy did not reveal any acute findings.; This is a request for an abdomen-pelvis CT combination.; This study is being 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			CVH TENDERNESS GROSS HEMATURIA 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 was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			DIVERTICULITIS c/o left flank pain that radiates around her side. She c/o nausea diarrhea for 2 days. Pt states her flank pain is intermittent in severity.; This is a 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 Computed tomography, abdomen and pelvis; without contrast material			GENERAL APPEARANCE: Normally developed individual, appearing stated age, in no acute distress. HEAD: normocephalic, atraumatic, no scalp lesions.  SKIN: warm and dry/good turgor,no rashes, multiple scars to right arm, multiple areas of ecchymosis and abr; 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 Computed tomography, abdomen and pelvis; without contrast material			has history of colon cancer, abdomen pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			He was in the ER two days ago after almost passing out in the kitchen and noticing swelling on his left abdomen. He was treated for constipation and sent home with Miralax and magnesium citrate; however, he was also given hydrocodone for back pain. He sta; This is a 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			Hematuria and hx of kidney stones. Significant pain that radiate into the back. Pain for 3 months; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			Hematuria, right flank pain. suspicious of kidney stones.  evaluation for kidney stones.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			intermittent lower abd pains, intermittent diarrhea  Wt down 15# over past several months; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Lymphadenopathy and patient has taken antibiotics; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Member has bloody diarrhea for 12 days. Elevated white cell count.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Ms. McEntire complains of abdominal pain that is diffuse in location. There is some radiation to the pelvis and back. It began several weeks ago. The onset of pain occurred with no apparent trigger. It is of severe intensity. The typical duration is ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; 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 Computed tomography, abdomen and pelvis; without contrast material		Neck mass, history of malignancy. Enlarged lymph nodes, chest neck axilla; 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	74176 Computed tomography, abdomen and pelvis; without contrast material		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	74176 Computed tomography, abdomen and pelvis; without contrast material		none; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has Ascites, and she is seeing the GI surgeon and needs a CT Scan; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		Patient has been seen for 3 months regarding this issue. She states the pain is mostly epigastric but has spread to all over the abdominal and pelvis area. She is severely constipated due to chronic opioid use, abdomen is tender and sensitive to touch.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		Patient has left flank pain with hematuria. Needs CT Stone study to r/o renal calculus.; This is a 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 Computed tomography, abdomen and pelvis; without contrast material		Patient has pain. R/O kidney stones.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is 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	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient is having abdominal pain with nausea and vomiting. Patient is running fever with this 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 Computed tomography, abdomen and pelvis; without contrast material		Patient is having severe abdominal pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient states that about 6 weeks ago he was trying to put on his work boots and when he bent and was pulling over he felt something "move" in his left lower abdominal area. was doing the same this morning and it did it again. he has felt it on and off 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 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		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	28
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		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; Limited range of motion	5
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		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; Swelling greater than 3 days	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	19
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 experience a painful popping, snapping, or giving away of the knee.	3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; Dr Believes he may have torn cartilage in knee and there is solid soft tissue mass behind knee that provider could feel. Wants to get a better look at this as well. PT has pain rt knee no radiation no known injury pain for over a month.; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	11
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pelvic mass, 3 month follow-up; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		Physical exam finds abdominal pain with bulging sac above the umbilical area, etiology unclear, possible 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 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 Computed tomography, abdomen and pelvis; without contrast material		possible appendicitis; 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 Computed tomography, abdomen and pelvis; without contrast material		protrusion to left side of upper abdomen, sensitive at times, has been there for several months and seems to be more prominent, no changes with BMs;hx melanoma.; Positive for abdominal distention and abdominal pain; Positive for color change; Adrenal nod; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pt had abn ultrasound and then an abn MRI MRCP that recommended this CT. previous office exam - There is epigastric and right upper quadrant tenderness to palpation with a positive Murphy sign. I do not feel distinct enlargement of the liver. Mild tende; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		PT had an abnormal CT; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PT is nauseated, BP 150/110. PT is having tenderness. Diarrhea, cloudy 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 results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 conservative treatment.; Physical Therapy	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The plain films were not normal.; ; Known or Suspected Joint Infection	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; It is not known if there is a known trauma involving the knee.; Locking; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 (non-union fracture).; This is not a pre-operative study for planned surgery.	1

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a lower extremity MRI; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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."	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Reason for Study: R/O BOWEL OBSTRUCTION AND CHOLITIS; Duration of Symptoms: Start: 08/13/2018; Physical Exam Findings: Onset: 3 Days. The severity of the problem is moderate. The problem has not changed. The symptoms are constant. The location is; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RIGHT LOWER QUADRANT PAIN x 1 DAY, ELEVATED WHITE BLOOD CELL, CONCERNED FOR APPENDICITIS. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Rule out appendicitis, Pt ahs KUB and x-ray this morning.; 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 Computed tomography, abdomen and pelvis; without contrast material		seen in the ER on 8/20/2018 for abdominal pain elevated white blood count; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		shadowing, transvaginal ultrasound showed hypodense mass like area in left anterior pelvis; This is a 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 Computed tomography, abdomen and pelvis; without contrast material		Stone prodical, Flank 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 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 Computed tomography, abdomen and pelvis; without contrast material		tenderness left upper and lower quad; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		TENDERNESS SUSPECT 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	9
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		To Eval for tear.; This study is being ordered for trauma or injury.; 7/20/2018; There has been treatment or conservative therapy.; Knee pain, Limited ROM.; PT x 6 weeks. starting 7/20/2018); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/16/2018; There has been treatment or conservative therapy.; radiating pain, low back pain, hip pain; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; SEP 2017; There has been treatment or conservative therapy.; PAIN; PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This study is 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; It is not known if there has been any treatment or conservative therapy.; Back and hip pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		chronic tailbone pain x 3 years. Fx "pelvic bone" several years ago and has ongoing hip and pelvis pain since then. Pain with intercourse. Pain with walking and sitting, relieved with lying flat. She takes tramadol for her pain, but does not get full rell. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		none; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		patient tried and failed conservative tx; This study is being ordered for a neurological disorder.; 11/04/2015; There has been treatment or conservative therapy.; lower back pain radiating down rt leg rt hip pain; physical therapy medication both tried and failed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.	5
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).	3
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	5

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	5
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.; Pain in hips, arthritis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		lower extremity arterial Doppler performed on 8/9/18 shows critical limb ischemia bilaterally and needs MRA from distal aorta with bilat lower ext runofffs.; This study is being ordered for Vascular Disease.; 8/1/2018; There has been treatment or conservative therapy.; burning and stinging to the bottoms of feet, bilat leg cramps with shortness of breath.; cold packs to lower extremities 30 minutes QID, elevated bilat legs, avoiding excessive walking.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		Peripheral vascular disease, unspecified; Is this a request for one of the following? MR Angiogram lower extremity	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material			3
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		< 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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		< 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.; Which organ is enlarged? Liver; The patient had an Ultrasound.; It is unknown if the Ultrasound results were equivocal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/2018; There has been treatment or conservative therapy.; nodules; Medications, plain films; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen; without contrast material		1 year follow up CT of abdomen for urachal cyst.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		a one by one abdominal wall mass is noted. Mass is reducible. It does increase size when she coughs. PT HAS A HX OF UMBILICAL HERNIA REPAIR 2 YRS AGO; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Abdomen pain, pain on right side; 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.; 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		abdominal pain, liver function-abnormal results of test, fatigue.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		C- section on 9/06/2018, Having complications. ABD pain after eating. R/O nothing still in the area; 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		FINDINGS: There is no hepatic mass or intrahepatic biliary ductal dilatation. The common bile duct measures 3.6 mm caliber at the porta hepatis. Gallbladder is fairly well distended with no evidence of stone, wall thickening or pericholecystic fluid. T; 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 Computed tomography, abdomen; without contrast material		Generalized abdominal pain noted. Mr. CHILDERS complains of abdominal pain that is diffuse in location. It does not radiate. It began 3 weeks ago. The onset of pain occurred with no apparent trigger. He characterizes it as cramping. He estimates tha; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Headaches, Tired; 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 Computed tomography, abdomen; without contrast material		hepatobiliary scan that was negative, US done that was normal, rt upper quadrant pain. R/O gall bladder.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		heterogeneous activity in the right and left lobe of the liver, along with elevated bilirubin which lead to recommendation of CT abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		History of hernia surgery, states the pain he is having is at the surgical site.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		hx of hernia hernia getting bigger abd pain getting worse; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		LIVER DISEASE AND ABD PAIN LUQ tenderness heartburn and abdominal pain, chest /rib pain.weight gain reported as well as ,fatigue.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		liver mass found on previous study. further evaluation recommended by radiologist.; 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 Computed tomography, abdomen; without contrast material		MD is wanting CT done due to weight gain and abd bloating and distention; 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has ABD Pain due to ventral wall hernia which is painful dependine on position lifting etc.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Patient has liver lesion in left lobe with hemangima needs to get hemangima protocol; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Patient with continued right upper quadrant pain. Abnormal abdominal ultrasound that shows possible hepatic cirrhosis of the liver. Radiologist is requesting CT of the liver with and without contrast.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Provider looking for pheochromocytoma due to uncontrolled hypertension. Patient is on multiple blood pressure medications with no relief. Lab values are elevated, will send labs by fax directly.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Pt came into the clinic with Right quadrant abdominal pain. Has a 3-4 cm palpable 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.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	pt presenting w/nausea and vomiting; hx bleeding ulcers; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	PT STATES HE HAS BEEN HAVING LEFT UPPER QUAD ABD PAIN FOR ABOUT 12 MONTHS HE STATES HE NOTICED A MASS IN THIS AREA ABOUT 8 MONTHS AGO. HE STATES THE "MASS" IS GETTING LARGER. HE STATES HE CAN FEEL THE MASS SHIFTING, PULLING AND TUGGING. HE DOES HAVE PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	pt. with history of ileus and hiatal hernia, having loose stools that are awakening her at night. Abdominal pain for last 3 weeks with diarrhea worsening x 1 week; 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 Computed tomography, abdomen; without contrast material	rule out thoracic/abdominal aortic aneurysm.; This study is being ordered for Vascular Disease.; 1/25/18; There has been treatment or conservative therapy.; aneurysm s/p repair, family history of AAA rupture, pt with anxiety, hypertension, anxiety, chronic migraine, hypermobility of joints, needing to rule out chest or abdominal aneurysm.; blood pressure management, had aneurysm repair in brain 1/25/18, needing to investigate for aneurysm in abd or chest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen; without contrast material	superior to umbilicus about 4inches, firm approximates 3 by 3cm firm mass to palpation, nontender present per patient for  over 2 years, no previous imaging; 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Susan presents with a one-year history of upper abdominal discomfort. During this time she has had a trial of her bisphosphonate, a normal EGD with Dr. Peoples. And a full trial of proton pump inhibitor and Carafate that helped with heartburn but did.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	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	5
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	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	8

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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 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	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		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 Computed tomography, abdomen; without contrast material		UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		upper and lower 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 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	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	7
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 Computed tomography, abdomen and pelvis; without contrast material		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	48
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	9

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	27
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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.; 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	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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.; 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 Computed tomography, abdomen and pelvis; without contrast material		< 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 known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given .>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	24
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	24
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 Computed tomography, abdomen and pelvis; without contrast material		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	11
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		.no fever, chills no runny nose, congestion no cough or SOB no cp or palpitations some nausea. no vomiting had diarrhea saturday, none since. no bm past few days. started as constipation and then when she had bm it was the diarrhea. no blood in st; This is a request for 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.; 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 Computed tomography, abdomen and pelvis; without contrast material		; 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	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		ABDOMINAL PAIN AND LEUKOCYTOSIS; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		Abdominal pain x's 1 week. Diarrhea, nausea and vomiting. Trying to rule out diverticulitis. Left lower quadrant pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		abdominal pain; low back pain; chills; fever; urgency; frequency; nocturia 1 times a night; urine odor; yesterday was worse than today with the frequency.  Blood in urine - Pt is not currently on menses.; This is a request for an abdomen-pelvis CT combination.; This study is being 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		acute abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		B/I renal cysts. We will reorder CT to evaluate for change; 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 Computed tomography, abdomen and pelvis; without contrast material		BELOW ABDOMEN PAIN IN LAST 2 WEEK WEAKER STREAM MASS ON LEFT SIDE IN GROIN RESULTS OF ULTRASOUND 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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		blood found on urinalysis test, has reoccurring hematuria, several test have shown blood in urine, 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 Computed tomography, abdomen and pelvis; without contrast material		Caller is by passing questions and faxing in clinical.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		caller will fax clinical; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		complains of LLQ abdominal pain---has had hx kidney and ureter problems---no nausea or blood in stool---does have freq 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 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 Computed tomography, abdomen and pelvis; without contrast material		CT urography-will attach clinical; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Enter answer here - or Type In Unknown If No Info Given  ELEVATED WBC 14.5,ELEVATED SED RATE 41.  DIARRHEA,NAUSEA; This is a 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 Computed tomography, abdomen and pelvis; without contrast material		Er follow up , Seen for abdominal pain , Pain generalized , located in upper but also at times severe in lower abdomen with cramping character. Nauseated at times Gerd present but not severe.  hx of kidney stones but no hematuria and pain not as inte; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Generalized abdominal pain noted. The location of the discomfort is primarily mid-abdominal region. It is moderate in intensity. It began 2 weeks ago. Associated symptoms include bloating and nausea. He denies belching or vomiting. HE has tried acid; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		having left lower quadrant abdominal pain and says it has been going on for a couple of days but got real intense around 6 or 7 last night, she says she is not sure if it is a hernia or not because she felt a golf-ball size knot, she says when she eats it; This is a 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 Computed tomography, abdomen and pelvis; without contrast material		Intra-abdominal and pelvic swelling, mass and lump, unspecified site; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	7

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is 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 lower abdominal pain for over 3 months U/S normal. Xray shows left nephrolithiasis but otherwise normal tenderness in right upper and lower quad.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		lower back pain and blood in urine; This is a request for an abdomen-pelvis CT combination.; 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 being requested for abdominal and/or pelvic pain.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; 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.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Needing to rule out kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Needs repeat CT due to abscess of appendix and recurrence of symptoms . CT requires as pre-op workup for removal of appendix . Prior appendicitis treated with drain and now needs removal .; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient continues to have paresthesia in his 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.; 06/01/2018; It is not known if there has been any treatment or conservative therapy.; chronic neck pain, swelling has been enlarging and slightly sore to the touch; previous MRI show probable hemangioma within C3 vertebral body.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material		patient had an ultrasound-kidney was enlarged and having left rib tenderness and slight swelling.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		patient has a History of 4.8 cm Cyst on kidney that is now giving her pain. Need to evaluate to see if the cyst has increased in size.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has abnormal bowel movements/ acute 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 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 Computed tomography, abdomen and pelvis; without contrast material		patient has been complaining of right lower quadrant pain for 2 years, lower back and flank pain with hematuria for that long as well, trying to rule out kidney stone or malignancy. Had CT Chest in October 2017 with an incidental finding of noncalcified ; This study is 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 was seen 11/7/2016 with right lower abdominal pain and burning sensation. No hematuria at that time. Has since been seen in clinic 3 times since then, hematuria noted on urinalysis. Trying to rule out kidney stone or malignancy since n; There has been treatment or conservative therapy.; right lower quadrant pain, lower back pain, flank pain, hematuria. noncalcified pulmonary nodule on CT chest from October 2017.; antibiotics, heat, Tylenol, motrin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material		Patient has had Nausea, vomiting & diarrhea since 8/31/18. Been on Augmentin & Flagyl. Still has not helped. 10lb weight loss & 8/31/18 had an xray & it showed minimal distention of small bowel loops, rt lower quadrant and air-fluid levels likely represen. This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		patient is having LLQ pain and has a history of 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 Computed tomography, abdomen and pelvis; without contrast material		Patient presents to clinic with chronic right sided abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		perumbilical mass approx 4 cm mass that is hard and tender below umbilicus; 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 Computed tomography, abdomen and pelvis; without contrast material		Positive for nausea and vomiting. Positive for back pain. pain with range of motion in the back; 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 Computed tomography, abdomen and pelvis; without contrast material	Pt c/o lower back/abdominal pain and burning with urination x 5 days. Pt presents with complaints of right flank pain starting over the weekend. Then had urinary frequency and dysuria. States she had a prescription for cipro 500mg which has helped some; 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 Computed tomography, abdomen and pelvis; without contrast material	Pt complains of epigastric pain for several months, 10 pound unexplained weight loss in the past 3 months. Currently, her BMI is 15. Ultrasound was unidiagnostic. Now she has developed nausea and vomiting. She is awaiting GI eval, but needs CT in the m; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has history of kidney stones with hematuria. Pt is unable to urinate for the past few hours and has severe pain on the left 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.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has persistent cough, anemia.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material	pt here for f/u on right upper quadrant abd pain.She was evaluated by me 2 weeks ago for RUQ abd pain. She recently had GB u/s that was negative. Her pain is not really associated with eating foods. Pain is worse with palpation and with deep breathing.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is having abdominal pain with microscopic hematuria. PT has a history of renal 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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt reports continuing to lose weight without trying. Pt reports diarrhea daily especially after eating. Pt reports abd cramping after episodes of diarrhea. Pt reports he has been having diarrhea for the past year but has been getting worse. Pt reports cou; 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	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	r/o small bowel obstruction; This is a 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 Computed tomography, abdomen and pelvis; without contrast material	Right lower quadrant pain since 07/16/18. Patient has been seen at least four times, had multiple UA's and a culture, all negative. Wanting to r/o Kidney stone, ovarian cysts and diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RLQ pain(acute) and LLQ pain (chronic) ; This is a 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 Computed tomography, abdomen and pelvis; without contrast material	RULE OUT KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	severe abdomen pain and extreme nausea and vomiting; 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 Computed tomography, abdomen and pelvis; without contrast material	tenderness to palpation in RLQ and mid epigastric region. no rebound or guarding, neg murphys   CBC and CMP within normal limits however UA showing 7-10 RBCs. An H pylori test was ordered due to her epigastric pain and this was negative. Given blood in ; This is a 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 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 bilirubin.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is infection; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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 been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	57
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	14
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation; The study is requested for post-op evaluation; The study is requested as a first follow up study for a suspected or known post-op complication; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; The patient is not presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study; 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 Computed tomography, abdomen and pelvis; without contrast material		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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy; There are no new symptoms including hematuria; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound;; Suspicious Mass or Tumor;; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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 ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneymys or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	9
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria; Yes this is a request for a Diagnostic CT	129
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Time for a re-evaluation for a CT and patient is having night sweats and abdominal cramping. They are afraid it spread; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material		UNEXPLAINED WT LOSS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Unknown; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Unknown; 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	74176 Computed tomography, abdomen and pelvis; without contrast material		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; 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for trauma or injury.; 7/22/18; There has been treatment or conservative therapy.; Chest wall pain, chest tenderness, abdominal tenderness.; 7/23/18 and sent him to ER.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Very tender w/o any rebound over Mc Burneys point. Pelvic discomfort still. ??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 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		VOMITING, PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		white blood cell count elevated, right upper quadrant pain and nausea, fever, ruling out appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< 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, hematuria, follow-up trauma, or a pre-operative evaluation.	1

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; This study is being ordered for trauma or injury.; 09/10/2018; There has been treatment or conservative therapy.; ; start zpack  increase hydroxyzine to 50 mg q hs   refill bupropion  will send results to Dr. Machado when they are in diet modifications increase exercise avoid sugar/salt avoid sodas increase fluids RTC as needed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		patient has a pancreatic mass that was found on ct scan that radiologist said need mri; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;" CT INDICATED NEED FOR MRI DUE TO PANCREATIC DUCT DILATION	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;" unknown	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" elevated liver function test	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Radiologist recommended abdominal MRI for further evaluation hepatic lesion CT Impression: . Mild hepatic steatosis with a vague hypodense lesion in segment seven of the liver which could reflect focal fatty infiltration or an indeterminate liver mass.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 not an oncologist, urologist, gastroenterologist, or surgeon.;" FINDINGS: Evaluation of the vasculature and solid viscera is limited  without IV contrast. Evaluation of the gastrointestinal tract is  limited without oral contrast. There are multiple nodules in the  included lung bases, th	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 not an oncologist, urologist, gastroenterologist, or surgeon.;" us showed 17 mm lesion on pancreas	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 Unknown if No Info Given. >	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	10
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 chest CT, right lobe liver lesion, ?hemangioma to evaluate: need pre and postcontrast MR imaging	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 was noted a 12mm	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" incidental finding of liver mass on CT following MVA	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" incidental scan of pancreas during a ct chest/abd/pelvis found a mass on her pancreas. this test is needed to further evaluate the mass.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 known mass/ cyst of liver and requires 6 month follow up to evaluate and follow per radiologist	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 presented with abdominal pain times 2 weeks. Abdominal Ultrasound was ordered and shows a 2.5x2.1x2.2cm mass in the periphery of the right lobe of the liver.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 already had an ultrasound and a CT scan. The ct scan showed a nodule on the adrenal gland that requires further observation, therefore an MRI is needed to see it in more detail.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" radiology is concerned about a L ovarian mass/enlargement. Pt reports she was told this mass that was thought to be on her ovary, wasn't ovarian based on GYN US report (I don't have this) and we discussed how this mass might not show up on an ovarian US I	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" un known	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" we are looking at patients pancreas for a mass	1

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; 3.5 cm on liver	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 a ct that showed a liver mass and recommended a mri abdomen.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Per ct scan adrenal hemorrhage suspected. nausea and abdominal pain, pain in the flank.rt hip pain.LUQ tenderness (mild) Adrenal hemorrhage - left sided ,proceed with MRI for further eval.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; unknown	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.; Severe pain in it leg and hip, lower back in flexed position while walking, unsteady gait, problem lifting it leg up. Pain with pelvic tilt, no edema in lower leg, decreased DTR in left leg compared to right.; 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	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; ; Yes, there is Chronic Chest Pain.	1
General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; 1. Moderate size defect of moderate degree involving mid to apical  anteroseptal wall that appears to be paradoxical consistent with  soft  tissue attenuation. Small size defect of mild degree involving  apical and  anterolateral apical wall t	1
General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Interpretation Summary  1. There is a fixed inferior defect consistent with prior myocardial  infarction. There is mild apical ischemia.  2. LVEF is depressed with EF of 30% at rest and 40% with stress.   Impression  1. ECG non diagnostic due	1
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	13
General/Family Practice	Approval	77058 Magnetic resonance imaging, 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).	3
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Abnormal mammogram radiologist recommended a MRI of breast due to a mass; This is a request for Breast MRI; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1

General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Patient has hx of Breast cancer; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Patient with bloody nipple discharge. Patient had abnormal mammogram; results following -- Coarse heterogeneous calcifications in a linear distribution within  the left nipple in this patient with left bloody nipple discharge.  Given the location wit; 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	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		pt had an abnormal US and mammogram and has a 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 genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		PT IS CONSIDERED HIGH RISK DUE TO PERSONAL HISTORY OF LOBULAR CARCINOMA IN SITU AND ATYPICAL LOBULAR HYPERPLASIA OF LT 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.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		The patient reports a positive family history of breast cancer. She states her mother and two maternal aunts. have had breast cancer (see FMHx).   Her mother was diagnosed with breast cancer at 60 and colon cancer at 65. Maternal aunt diagnosed with; 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 Magnetic resonance imaging, 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).	2
General/Family Practice	Approval	77058 Magnetic resonance imaging, 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.	8
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		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	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		chest pain and pt. has torn ligament in knee; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing episodes of atypical chest pain and dyspnea with exertion. Stress test results were nondiagnostic. Patient has history of hypertension and CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; The patient has had a stress echocardiogram within the past eight weeks.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		pt was scheduled for treadmill but exceeds weight limit. having worsening chest pain and shortness of breath and doe.; 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Recent Sparks Van Buren ER visit secondary to shortness of breath/dizziness/increased pulse for the last 1 week. Per patient, the workup was normal including EKG and chest x-ray. She was diagnosed with a severe UTI placed on ciprofloxacin for which she ; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 for a preoperative evaluation of a non cardiac surgery involving general anesthesia	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Known Coronary Artery Disease (CAD); The diagnosis was established by a previous stress echocardiogram, Myocardial Perfusion Imaging, or stress EKG; The patient has not had a stress echocardiogram within the past eight weeks.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 has 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	5
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 female.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	3

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic; This is not the first visit for this complaint.; There has been a physical exam; The patient is male.; A rectal exam was 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 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	75
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	7
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	56
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	18
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	4
General/Family Practice	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78813 Positron emission tomography (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 recurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This is a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This study is 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
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/18 when chest pain started, swelling 8/7/18; It is not known if there has been any treatment or conservative therapy.; ecg: left atrial abnormality. having chest pain that radiates to the jaw, having swelling in lower extremities, hx of cad, stent x1, copd, htn, hyperlipidemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is 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
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	8
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2

General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING			1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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 signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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.	14
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		< 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
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Patient would have to travel to be able to get the ERCP in addition to have an extended wait time due to having to be referred to specialist, have a consult visit, and then be scheduled for study before it could be completed. An MRCP would be the most cos; 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 debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Per radiologist that read the ultrasound, MRCP could be performed for further evaluation. This was on the report.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 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 Computed tomography, head or brain; without contrast material	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 >; There has not been any treatment or conservative therapy.; Radiculopathy, lumbosacral region; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, head or brain; without contrast material	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.; 5/1/18; There has not been any treatment or conservative therapy.; Soft tissue is swelling on left side.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 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.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 newly identified change in seizure activity or pattern.	1

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 07/25/2018; There has not been any treatment or conservative therapy.; Bruising and pain to the head and jaw; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	confused, slurred speech; 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. Hx of seizures, photophobia, falling, sleep disturbances; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Lump and swelling; 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 Computed tomography, head or brain; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	11
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	21
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	7
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; 6/28/2018; There has been treatment or conservative therapy.; Pain; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		urinalysis completed// pain cramping and tender, heart burn, no fever; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Urinary tract infection getting worse high white blood count; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		WILL FAX IN; This is a 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	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; 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.; It is unknown if there is suspicion of metastasis.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		CT scan incidentally noted nodule on adrenal, recommended f/u with MRI for evaluation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		PATIENT HAS A NODULE; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; Unknown; There has been treatment or conservative therapy.; H/A, ABX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been passing out for no reason; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has continuing migraine that medication is not working for.; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has history of seizure disorder since birth.. previously grand mal, more recently has been more "petit mal" or "staring seizures" lasting an hour or so - patient awake - but can't move or respond during the episodes. Seen at Children's hospital 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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having pain at the base of her head and behind 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

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	36
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	20
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	14
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 chronic or recurring.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 8/8/2018; There has been treatment or conservative therapy.; lower abdominal pain, and headache; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;"	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;" HPI-Establish care for recurrent pancreatitis and abdominal pain. Also has had pain and blood vessel rupture in both feet that is painful. Has also been taking gabapentin 300 mg once daily and told to titrate up. Has been treated for C. Diff with Vanco	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Had CT scan Done multiple lesions, Recommendation follow up	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 not an oncologist, urologist, gastroenterologist, or surgeon.;" The liver contains a 1.2 cm heterogeneously hypo echic mass in the left hepatic lobe.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" &t; Enter answer here - or Type In Unknown If No Info Given. &t;	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" 7/25/18 CT ab and pelvis impression indicate s lesion rising from posterior 2.1 x 1.5 cm, not consistent hemangiona, mild fecal retention without bowel obstruction	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" left adrenal adenoma and patient will need MRI prior and following contrast administration within phase and out of phase imaging per CT recommendation.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" liver mass identified on ct of the chest performed on 04/02/2018 also on ultrasound	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Mr. Abram has had a weight loss of 13+ pounds in 6 months. Also nausea and vomiting. With several visits to the e.r.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 Hematuria and liver lesions	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" possible preop testing	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" This is a 6 month follow up MRI to evaluate stability of liver hemangioma previously noted.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" unknown	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" History of Present Illness:&t; 1. Abdominal pain &t; Onset: 2 Years. Pain scale: 4/10. The problem has worsened. The location is right upper quadrant. The patient reports radiation to the back. Aggravating factors include food. The patient denies relieving	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" R93.2 Abnormal MRI, liver, liver lesion f/u,enhancement measures 1.1 cm. This is increased in signal on the T2 weighted images and demonstrates enhancement similar to the liver on the remainder of the images. This probably represents flash filling of a he	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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.; 06/04/2018; There has been treatment or conservative therapy.; cough, shortness of breath, wheezing; Steroids, antibiotics, inhaler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	fever of 101.7; This study is being ordered for Inflammatory/ Infectious Disease.; 6/4/18; There has been treatment or conservative therapy.; eye pain, fever, sinus congestion, knot in front of ear, facial pain; 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	2
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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.; Unknown; There has been treatment or conservative therapy.; H/A; ABX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	pt has mild puffiness, nasal drip; "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
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	SINUS PRESSURE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has been treatment or conservative therapy.; MIGRAINE HEADACHE; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;"	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;" Patient had Ct scan that shows a 1cm lesion on the pancreas and they recommend MRI	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 not had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >;	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.	3
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >;	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Dilated common bile duct up 1.2 cm. MRCP is recommended to evaluate distal CBD obstruction.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Nausea, vomiting; please check for iron overload.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had a CT abdomen and pelvis done and showed patient had Hemangioma and radiologist recommended having further imaging such as an MRI abdomen	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient has had pain in left side of back and abdomen for more than 5 months. CT is normal.	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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.; 5/1/18; There has not been any treatment or conservative therapy.; Soft tissue is swelling on left side.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; 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
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; rule out valve stenosis.	1
General/Family Practice	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This is a request for a MR Angiogram of the abdomen.	1
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Abnormal last ABI, Brachial Artery pressure, needs CTA.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/20/2018; There has been treatment or conservative therapy.; Edema in her leg.; Medication (HCT 2.5MG). Previous ADI suggesting to have this study done.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	77058 Magnetic resonance imaging, 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
General/Family Practice	Approval	77058 Magnetic resonance imaging, 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.; 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
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		abnormal mammogram and ultrasound, radiologist recommends 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 known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFORMATION HAS BEEN UPLOADED.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	2
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Mammogram, CT and ultrasound all abnormal; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		PATIENT HAS A HIGH LIFETIME RISK OF 33.7%; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		PATIENT HAS DENSE BREAST AND HAS CALCIFICATION'S BILATERALLY.; 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
General/Family Practice	Approval	77058 Magnetic resonance imaging, 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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; 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 Magnetic resonance imaging, 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
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		unknown; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed), single study, at rest or stress (exercise or pharmacologic)		< 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
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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	4
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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

General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	see ophthalmology notes she has some retina hemorrhages, but she didn't get her mri's due to claustrophobia, she still has some visual disturbances in the left eye with like something is twirling around. , they have not worsen, she is following with dr. ly; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2018; There has been treatment or conservative therapy.; Routine Exam/ DM Exam- about 4 months ago (3/01/18) pt. experienced a purple and magenta blob in center vision OS and anything with a straight line seemed bent in. This was 3 days after pt. started Carvedilol. She has poorly controlled hypertension with p; steroid 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
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 8/30/2018; There has not been any treatment or conservative therapy.; weakness, 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
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	4
General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; 6/2018; There has been treatment or conservative therapy.; Confusion, bilateral weakness; Holter Monitor placed on meds for stroke prevention.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 >; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This study is 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Atypical chest pain. Pt unable to perform treadmill stress test due to having a walking boot while awaiting ankle surgery.; 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Comments:attempted to call pt. no answer. echo revealed strong heart muscle without significant valvular disease. holter monitor revealed sinus rhythm. Noted 15,000 pvc's. Recommend nuclear stress for further evaluation. Will add Metoprolol 25mg po bid. ; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Shortness of breath , Congestive Heart Failure, CAD Pt has diabetes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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 30 to 39	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Shortness of breath and chest pain with exertion; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Shortness of breath when walking, known murmur.; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Stress test was nondiagnostic. Patient is experiencing episodes of chest pain associated with dyspnea near syncope. Abnormal EKG. Hypertension.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient couldn't finish the stress echo because of shortness of breath.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	5
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.	1
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chronic pain; "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	70544 Magnetic resonance angiography, head; without contrast material(s)	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.; 10/22/2015; There has not been any treatment or conservative therapy.; chronic fatigue and nausea , thyroid issues, CVA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)	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.	3
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	5
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 1/19/18; There has been treatment or conservative therapy.; DIZZINESS, VISION PROBLEM; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.; "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 female.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	11
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is a Medicare member.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 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).	3
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Pt was seen at UAMS on 9/6 by DR. Kahn Pt was dx with Parkinson's Disease. Further testing is required by Dr. Kahn b the pt is wanting to do the testing in Hot Springs. We have a message from UAMS. I called them at 11:45am and left a message for a return ; It is not known if there has been any treatment or conservative therapy.; Neck Pain Reported by patient. Location: left  Quality: stabbing; aching; deep; worsening Duration: date of onset; 1 years  Timing: chronic; constant  Context: cannot identify Aggravating Factors: sleeping on it wrong  Neurological Complaints:; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain in head, daily headaches, hx of seizures   pain in lower back radiates down legs. tenderness and limited ROM; NSAIDS, muscle relaxers, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	BLURRED VISION; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness and giddiness - symptoms have been present for over 6 months. This is likely a vestibular cause for symptoms however we'll get an MRI to rule out other causes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness. giddiness dizziness; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Has been having some numbness, and tingling on left side of face, having trouble with vision changes and some pressure behind left eye with vision loss along with left sided hearing problems. also said that he cannot smell out of his left nostril; 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 did not have an audiogram.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	headache migraines worse meds not helping family history of brain cancer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	headache is essentially a band around the entire head, throbbing; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Male pt w very enlarged breast w pain, abnormal prolactin level, needing MRI to look at pituitary glands to r/o pituitary mass; This request is for a Brain MRI; The study is 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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	3
General/Family Practice	Approval	78813 Positron emission tomography (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 requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78813 Positron emission tomography (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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
General/Family Practice	Approval	78813 Positron emission tomography (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 Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Migraine headache: Patient is still having headaches even on amitriptyline, and patient doesn't want to take it any more. Patient is supposed to get MRI, but it hasn't been approved yet. No syncope or presyncope issues. No issues with the medication. Pati; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	New onset dizziness and loss of smell. Patient has tried over the counter nasal sprays without relief.; 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; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were normal.; The patient is experiencing loss of smell.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	ongoing right sided ha for over 2mos into occipital area; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Passed out several times; This request is for a Brain MRI; The study is 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient complaining of sudden severe headaches; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient dizzy getting worse, she has appointment for ENT in July. Stated she has melinze but not helping Patient reports nausea and vomiting but reports no abdominal pain, no constipation, and no diarrhea; associated with car sickness. She reports dizzi; This request is for a Brain MRI; The study is 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	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 recurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		< Enter answer here - or Type in Unknown If No Info Given. >; 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.; It is unknown if there is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		(Chest pain); This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	5
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT EXPERIENCING CHRONIC TINNITUS & VERTIGO. ENT DX PATIENT W BONE SPUR IN R EAR. PCP ORDERING MRI FOR FURTHER EVAL.; This request is for a Brain MRI; The study is 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had two Levi admissions in the last month. Diagnosis was schizophrenia. She states she feels better on the new medications and is sleeping. Her family member feels like the medication is too much and states she was diagnosed with dementia.; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing memory loss that is getting worse.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing memory loss. He has had head concussions in past. He has been having dizzy spells off and on since June 2018.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is suffering from chronic debilitating headaches that is diminishing her quality of life. ADLs are being compromised.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is taking medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient went to Springhill Baptist ER on 6/21/2018 for dizziness, weakness and syncope. States that for two days she had been weak and dropping things. Felt lightheaded and had fallen several times. Had labs done (CBC, CMP, Cardiac Enzymes-normal). UA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 this request is for initial evaluation of a murmur.; It is unknown if this is 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) indicative of heart disease.; The patient has abnormal heart sounds	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient with confusion and memory loss for 2-3 months. No known injury; This request is for a Brain MRI. The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	persistent migraine; to evaluate; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Posterior headaches, persistent dizziness increased with positional change post bacterial meningitis with recurrent infection. Need to rule out abscess, hydrocephalus, subdural effusion.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt has a history of 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She complains of daily headaches. Her mother has a history of meningioma.  Pt. complains of insomnia. Melatonin is not effective.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The patient has unexplained unsteadiness with an elevated sed rate. With her symptoms she is very suspicious for MS. Brain MRI for further work-up required.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 not been a previous Brain MRI completed.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury; 09/17/18; There has not been any treatment or conservative therapy.; depression, irritability, outbursts of anger, social withdrawal, crying, sad and 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	will fax in; 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	71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax, without contrast material	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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax, without contrast material	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.; 1/19/18; There has been treatment or conservative therapy.; DIZZINESS, VISION PROBLEM; 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	71250 Computed tomography, thorax, without contrast material	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.; 6/18/2018; There has not been any treatment or conservative therapy.; lung nodule; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax, without contrast material	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.; 7/27/18; There has been treatment or conservative therapy.; pain, constipation, lung nodule; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; 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.; 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 Computed tomography, thorax; without contrast material	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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; 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	71250 Computed tomography, thorax; without contrast material	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
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; Shortness of breath, dysphagia, smoker, LUL diminished, 4 cm bony tumor on occiput; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.; The murmur is NOT 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	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	3
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	12
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Unknown; This study is being ordered for a neurological disorder.; 01/2018; There has not been any treatment or conservative therapy.; Syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		The patient is not 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.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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 is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	37
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request; Finding of cancer elsewhere is related to the suspicion of cancer in this patient; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	COPD, DYSPNEA, BACK ACHE, ABNORMAL CHEST XRAY, COUGH; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Coughing so hard that she is having convulsions. Been to the ER several times; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Differential includes pleural effusions/decreased diffusion capacity, COPD, cardiogenic issues, versus other. At rest on room air without oxygen, spO2 96%. While ambulating on room air, spO2 86%. Ambulating on 2L oxygen via NC, patient's oxygen level cam; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	has COPD, and screening for lung cancer; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of lupus. Pain has been going since 02-7. Pt has been seen over 4 times for this issue.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2018; There has been treatment or conservative therapy.; Pt has right upper quadrant pain and right sided chest pain. Hx of Lupus; Pt. had NSAIDs 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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	No, the patient was NOT seen by a specialist because of the traumatic injury; Chest pain describes the reason for this request.; 'None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; It is unknown what led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	9
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient came in today complaining about Pleurisy.. chest pain. she complains cant sleep at night... and also of abdominal pain chronic from scale from 1-10 she stated a 8.; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT COMPLAINS OF THORACIC AND LUMBAR SPINE PAIN AFTER FALL.; This study is being ordered for trauma or injury.; PATIENT PRESENTS TO CLINIC WITH LOW BACK AND THORACIC PAIN AFTER FALL.; There has been treatment or conservative therapy.; VERRY TENDER OVER THORACIC AND LUMBAR SPINE.; PATIENT GIVEN TORADOL AND DEPOMEDROL INJECTION WITH HOME EXERCISES WITH NO RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had blood and urine tests and was told it is not her gallbladder. Patient has had a history of cyst on common bile duct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/18; There has been treatment or conservative therapy.; Acute pain when walking. Function is inhibited by the pain.; Heating pad use; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had severe chest and abdominal pain for less than 24 hours. She came into the office to day for an examination. She is very tender to the touch in both her abdomen and chest. She has a cough in office, decreased breathe sounds were noted.; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe COPD. She is an active tobacco abuser and has been counseled on the benefits in quitting. She has a new symptom, she is now coughing up blood. Her physical examinations are always abnormal. She has abnormal breathe sounds and changes in; 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 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING LEFT SIDED CHEST AND RIB PAIN X 4MONTHS WITH RESPIRATION. STATES PAIN IS GETTING WORSE.; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	some gerd, chest pain and pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/7/18; There has not been any treatment or conservative therapy.; chest pain, pressure in the chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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 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
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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, EBCT, 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 Computed tomography, cervical spine; without contrast material	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.; 07/04/2018; There has not been any treatment or conservative therapy.; Pain in lower back and neck, numbness and tingling to 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; August 28, 2018; There has been treatment or conservative therapy.; Cant move right shoulder, Right arm and hand numbness; First Care on Wednesday - St Bernards Emergency Room on Thursday.  He has been to chiropractor; twice a day x 5 days. taking pain medications for 3 days.  also norflex 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
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	3
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	5
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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; It is unknown if 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.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		annual lung screening and PT is a smoker; 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
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN 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.	58
General/Family Practice	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		David is a 54 yo WM who presents to the clinic with c/o RUQ pain. States he has had pain since GB removed but in the past 2 months he has developed sharp, stabbing pain in RUQ that occurs daily. He denies nvd, constipation, cp,sob, chills. He does have; 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 debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1
General/Family Practice	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Arthritis Progressive pain limited movement; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	having ongoing neck discomfort; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Neck: Neck: pain with motion and muscle rigidity and trachea midline and no masses.    has cervical bridge noted in neck; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient has neck pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient states she has severe neck pain with radiation down to shoulders and arms; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient was in a mva; 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt has a lot of pain in neck and spasms; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has increased neck pain after PT; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	PX, NUMBNESS AND TINGLING IN EXTREMITIES; 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	72125 Computed tomography, cervical spine; without contrast material	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.; 07/19/2018; There has been treatment or conservative therapy.; pain in neck radiating to right arm; Tramadol, Steroid injection (Dexamethasone), exercise therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc.  Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for trauma or injury.; 8/4/18 MVA; There has been treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  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	1
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patent is needing to see Neurosurgery for severe 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
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Reported by patient. Location: lumbar; pain radiating to the legs (right more than left)  Quality: sharp Severity: worsening; severe (8-10); interference with sleep; interference with work Duration: chronic pain but has worsened in the past 3 days  0; 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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 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
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	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.; back pain-6/2018; There has been treatment or conservative therapy.; back pain, middle of the back is numb and tingling radiates to the shoulder blades, nicotine dependence, shortness of breath, vehicle accident 6/2018; oral medication, home therapy 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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	mild tenderness to palpation L3-L5. Mild Tenderness to palpation of C5-C7. Mildly tender to palpation of bilateral posterior neck and upper back (over trapezius muscle bilaterally); 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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT COMPLAINS OF THORACIC AND LUMBAR SPINE PAIN AFTER FALL.; This study is being ordered for trauma or injury.; PATIENT PRESENTS TO CLINIC WITH LOW BACK AND THORACIC PAIN AFTER FALL.; There has been treatment or conservative therapy.; VERRY TENDER OVER THORACI AND LUMBAR SPINE.; PATIENT GIVEN TORADOL AND DEPOMEDROL INJECTION WITH HOME EXERCISES WITH NO RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 altered biliary tract anatomy that precludes ERCP.	1
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 evaluation.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 (within the last 4 weeks) of neurologic symptoms.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; 4/1/18; There has been treatment or conservative therapy.; pt has headaches , with pressure behind the eyes and didn't have any relief; The pt is on medicine , using verapamil 120 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	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; pain, and pressure in the neck and head area; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; 06/20/2018; There has been treatment or conservative therapy.; falling, 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 Computed tomography, head or brain; without contrast material	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.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; Shortness of breath, dysphagia, smoker, LUL diminished, 4 cm bony tumor on occiput; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	attention right side; This study is being ordered for inflammatory/ infectious Disease.; 2 wks ago; There has been treatment or conservative therapy.; right side of face swollen cheeks; antibiotics and cream (steroid); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Auditory hallucinations; 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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	c/o frequent headaches,  taking excedrine migraine daily  patient reports he had headaches when he was younger; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	frequent, severe headaches.  , more often on the rt side of head, monitor bp, proceed with ct and try maxalt R51: Headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	GENERAL APPEARANCE: Normally developed individual, appearing stated age, in no acute distress. HEAD: normocephalic, atraumatic, no scalp lesions.  SKIN: warm and dry, good turgor, no rashes, multiple scars to right arm, multiple areas of ecchymosis and abr; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Migraine headaches, family history of brain aneurysm; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Migraines lasting 3 days without medication relief.; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has symptoms that are caused by no known event. Patient has constant dizziness (spinning), leading to nausea, and vision changes, and also headaches. Movement of anykind makes the dizziness worse.; 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	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient was in a mva; 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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Reported by patient.  Location: lumbar; pain radiating to the legs (right more than left)  Quality: sharp Severity: worsening; severe (8-10); interference with sleep; interference with work Duration: chronic pain but has worsened in the past 3 days  O; 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	72131 Computed tomography, lumbar spine; without contrast material	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	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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	2
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 05/17/2018; There has been treatment or conservative therapy.; memory loss, vertigo, ataxia, low back pain, lower extremity weakness; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Left arm weakness and soreness. Patient has high blood pressure and stated her arm feels heavy. Doing therapy with no improvement.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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  There has not been any treatment or conservative therapy.; Radiculopathy, lumbosacral region; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 20 years but has been getting worse; There has been treatment or conservative therapy.; Low back pain; Pain management, back 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; unknown; There has been treatment or conservative therapy.; pain radiates down neck, rib cage, lower back; PT / meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 05/10/18; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 07/03/2018; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 10-2017; There has not been any treatment or conservative therapy.; chronic 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 5/24/2016; There has been treatment or conservative therapy.; Pain; Medications 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	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Left upper extremity pain, spasms in the biceps, pain in the right interior chest region and also has spasms. Describes the pain as a burning sensation. Has intermediate posterior 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 7/16/2018; There has not been any treatment or conservative therapy.; Neck pain and upper back pain with sensation also 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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.; left arm	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; difficulty with grasping objects.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	patient having severe dizziness, vertigo, headache ,arthritis of the neck; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	patient presents with 2 month history of headache with visual changes and 30 pound weight loss. There is concern for metastatic disease; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	PT C/O HAVING L SIDED HEADACHES FOR LAST 8-9 MONTHS UNRELIEVED BY PAIN MEDICATIONS.; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has numbness and tingling over half of face.; 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 able to have a Brain MRI for evaluation of these symptoms.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having right eye pain; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	right lower quadrant pain, Patient describes pain as sharp, rating it at 7/10. Patient reports area is tender to palpation, Patient denies fever, vomiting, nausea, Onset of symptoms x 1 day, Patient has concerns of appendicitis.   pt having increase hea; 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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	55
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	11
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	3
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	3
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 05/26/2017; There has been treatment or conservative therapy.; Numbness; tingling; LBP; PT and 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Pt was seen at UAMS on 9/6 by DR. Kahn Pt was dx with Parkinson's Disease. Further testing is required by Dr. Kahn b the pt is wanting to do the testing in Hot Springs. We have a message from UAMS. I called them at 11:45am and left a message for a return ; It is not known if there has been any treatment or conservative therapy.; Neck Pain Reported by patient. Location: left  Quality: stabbing; aching; deep; worsening  Duration: date of onset; 1 years  Timing: chronic; constant  Context: cannot identify  Aggravating factors: sleeping on it wrong  Neurological Complaints: ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 07/19/2018; There has been treatment or conservative therapy.; mass grown in size over past 2 months in the right clavicle painful; u/s MRI of soft tissue 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	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 2016; There has been treatment or conservative therapy.; Back pain; Mobic in 2016, Gabapentin 2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; chronic, over 6 years; There has been treatment or conservative therapy.; Limited ROM and motor difficulty; NSAIDs and Pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	3
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; 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 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 05/17/2018; There has been treatment or conservative therapy.; memory loss, vertigo, ataxia, low back pain, lower extremity weakness; 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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; 03/2017; There has not been any treatment or conservative therapy.; Chronic pain and discomfort, gland swollen and mass found on U/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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Neck and Shoulder pain with arm weakness. History of Domestic, physical abuse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/10/2018; There has been treatment or conservative therapy.; decreased and painful rom; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	1. diabetes  Pt. is here for follow-up of chronic medical problems.  Pt. denies any side effects from medications; pharmacy reports he is sporadic in getting his prescriptions. Pt. is compliant with diabetic diet.  Blood sugars have been unknown. 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.; 1. diabetes  Pt. is here for follow-up of chronic medical problems.  Pt. denies any side effects from medications; pharmacy reports he is sporadic in getting his prescriptions. Pt. is compliant with diabetic diet.  Blood sugars have been unknown. P; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	bypass; This study is 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.; bypass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Can not lay R side, numbness in lower scalp and neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical Spine spasms, decreased extension, and reduced ROM and normal flexion and no tenderness; paraesthesia to right index finger.; 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening in severity 10 out of 10, bilateral temporal area, blurred vision, nausea, wakes patient from sleep, medications 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.  Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/1/18; There has been treatment or conservative therapy.; pt has headaches , with pressure behind the eyes and didn't have any relief; The pt is on medicine , using verapamil 120 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	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	attention right side; This study is being ordered for inflammatory/ infectious Disease.; 2 wks ago; There has been treatment or conservative therapy.; right side of face swollen cheeks; antibiotics and cream (steroid); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	chronic sinusitis - 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PT with ongoing c/o facial pain lt sided, Minimal improvement with Neurontin,NSAIDs; "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
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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	3
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Degenerative disc and Fibromyalgia.; This study is being ordered for trauma or injury.; 7/24/2018; There has been treatment or conservative therapy.; Low back and neck pain. Ambulatory problems; Pain meds and anti-inflammatory 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Unknown	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI needed to see neurosurgeon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/02/2018; There has been treatment or conservative therapy.; Chronic neck and back pain; Physical Therapy, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI's needed for evaluation and next steps - pain management/ESI; This study is 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 2017; There has been treatment or conservative therapy.;; Mobic, Flexeril, PT without 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	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Musculoskeletal System: Cervical Spine reduced ROM and tenderness on palpation.   Lumbar Spine: Inspection no skin abnormalities or visible deformity. Soft Tissue Palpation on the Left: tenderness of the paraspinal region at L. Soft Tissue Palpation on ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Unknown.; There has been treatment or conservative therapy.; Chronic Neck and back 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; will fax; It is not known if there has been any treatment or conservative therapy.; n/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	neck and lower back 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.; unknown; It is not known if there has been any treatment or conservative therapy.; neck and lower back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	neck pain, degenerative changes, peripheral neuropathy, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a history of a spinal fusion c5-c6.; 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 pain, decreased range of motion, and numbness and weakness in her 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.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had Lumbar spine injections & amp; will use MRI CS & amp; TS for evals for injections.; This study is 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 neck pain, CS Degenerative Disc Disease with CS Failed back syndrome. Patient has CS radiculopathy w spinal stenosis. Patient has insomnia due to neck and back pain. Has used Tens Unit, hot/cold packs, PT, & amp; home exercises w no relief.; Patient prescribed pain meds & amp; had 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient notes radiating numbness in 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents for a complaint of neck pain that started yesterday. He was at work and bent down and reports both arms went numb and the neck started hurting bad. The arms are back to normal except for when he bends his head down. The pain is severe o; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has tried and failed with conservative therapy of NSAID and physical therapy.; This study is being ordered for trauma or injury.; 05/02/2018; There has been treatment or conservative therapy.; chronic thoracic, lumbar and cervical pain with muscle spasms, not relieved by muscle relaxers or NSAIDs.; provider directed physical therapy and NSAID therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having increased neck, back, right arm/leg 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	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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	12
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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	11
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT Unknown; "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	4
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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.; pain, and pressure in the neck and head area; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient feels like she has a lump in her throat , it gets worse in the night , short of breathe, it has been going on for 2 weeks.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	These symptoms have been persistent for the last 2 months.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/05/2018; There has been treatment or conservative therapy.; Swollen lymph nodes, headaches, and fatigue; Doxycycline Hyclate 100 mg tablets  Hydrocodone-Acetaminophen 5-325 mg tablets  Prednisone 20 mg tablets Toradol 10 mg tablets  Bactrim DS 800-160 mg tablets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT presents with c/o continuing pain in her neck. She also reports a "crawling" feeling in her neck, numbness and tingling down her arms, left greater than right, and weakness when gripping her hands.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Physical Examination: Wt: 245.4 lb Ht/Ln: 64 in BMI: 42.1 BP: 140/82 Pulse: 79 RR: 16 Temp: 98.1F Sat: 94 TENDER PARASPINOUS MUSCLES IN CERVICAL AREA. DECREASED RANGE OF MOTION TO FLEXION AND ROTATION DUE TO PAIN. MOTOR IS 5/5 PROXIMALLY AND DIS; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	ruptured disk in neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; patient has chronic neck and back pain and has ruptured disk in neck; pt has been on pain medications, NSAIDS and has been told to alter her activities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Stroke; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Neck pain left arm paralysis back pain sciatica. 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms getting worst; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; 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.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; PT COMPLAINS OF NECK PAIN SINCE JANUARY, HAS DAILY PAIN THE PAIN HAS BECOME MORE SEVERE RECENTLY. UNABLE TO DO DAILY CHORES BECAUSE OF THE NECK PAIN. RECENTLY STARTING SHOOTING PAIN INTO HIS LEFT JAW AND SHOULDER. THERE HAS BEEN NO TRAUMA.	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX ADDL CLINICAL; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; 6/2018; There has been treatment or conservative therapy.; Confusion, bilateral weakness; Holter Monitor placed on meds for stroke prevention.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Head CT ordered but not yet performed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/18/2018; It is not known if there has been any treatment or conservative therapy.; Dizziness; light headed; headache; blurred vision; high bp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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
General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Head CT ordered but not yet performed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/18/2018; It is not known if there has been any treatment or conservative therapy.; Dizziness; light headed; headache; blurred vision; high bp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	3
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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 days ago; There has been treatment or conservative therapy.; Vertigo, head movements, blurred vision in right eye, loss of vision; Medication, over the counter; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is in today to establish with me for primary care. I have seen him a couple of times for neck pain. The pain is stable but still present. He reports occasional numbness and tingling of bilateral hands. The pain is exacerbated by turning the he; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	3
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Back Pain Reported by patient. Location: cervical; pain radiating to the buttocks Quality: sharp; stiffness Severity: worsening Duration: chronic; several years  Aggravating Factors: movement/positioning; twisting; flexing back; extending back; lying; 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	previous ct was normal; 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 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; No exact date given.; It is not known if there has been any treatment or conservative therapy.; Daily HA, syncope, Hyponatremia, SVT, 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were normal.; The patient is experiencing loss of smell.	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; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 has a loss of smell.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 has fatigue or malaise; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Neck Pain (muscle spasms and stiffness, w/ radiculopathy down spine)  This is a chronic (8 months ago) problem. The current episode started more than 1 week ago. The problem occurs constantly. Progression since onset: waxing and waning. The pain is asso; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The patient has previously had surgery about a year ago. She is having new symptoms of pain and numbness into the right arm. Patient describes the sensation as an "icy hot" sensation; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; neck and right shoulder pain. Upper arms and shoulder showed abnormalities, palpation of the arms revealed abnormalities; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 also has neck pain issues, and had x-ray done, which showed arthritis. Patient will be referred to physical therapy, and MRI of the cervical spine ORDERED FOR EVALUATION.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 has been having severe neck and back pain and is needing this done to find out what is causing this issue.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 has neck pain, spondylosis and osteophytes.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; She was last seen back in January and had injection done a couple weeks after I last saw her. She doesn't feel that her pain is responding to the injections any longer. She does have an increase in her stress level at home, and there are some difficulties	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Degenerative changes on X-Ray. C5 & C6 moderate degenerative disease.	2
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Degenerative changes on X-Ray. C5 & C6 moderate degenerative disease.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 10/22/2015; There has not been any treatment or conservative therapy.; chronic fatigue and nausea , thyroid issues, CVA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 years; There has been treatment or conservative therapy.; right side sharp pain in head-pressure behind right eye.; medication,headaches are getting progressively 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 2015; There has been treatment or conservative therapy.; HEADACHE, WEAKNESS.; INJECTIONS, MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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).	2
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Doctor wants to make sure neck is Stable before PT	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Musculoskeletal System: Cervical Spine normal flexion and extension and spasms, reduced ROM, and tenderness on palpation.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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'S PAIN IS GETTING WORSE.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Persistent R neck pain w numbness of R lateral arm pain radiated to right upper arm; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 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	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 6/22/2018; There has been treatment or conservative therapy.; Pain in shoulder and neck; NSAIDs and analgesics.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Upon obtaining plain films of his cervical and thoracic spine here today he has multilevel degenerative changes with osteophyte formation that would cause the symptoms he is having; 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.; He is here primarily with a complaint of intermittent numbness in his left 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	2
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 infection or inflammation; It 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); It is not known if the doctor notes on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 04/05/2018; There has not been any treatment or conservative therapy.; Patient with muscle twitching in LE bilat, bilat hands and feet; patient with numbness in bilat hands, feel lips, left side of torso; uncontrollable shaking of UE bilat; patient reports severe burning between shoulder blades; weakness in LE bilat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Will Fax the clinicals in bc it is the Rendering Provider; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; C/o LBP and thoracic pain for the past 2 weeks.  Has had this issue in past.  Last MRI was in 2013 showed bulging disc.  Also c/o leg pain to thighs bilaterally for the past 3 months.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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.; pain not Improved. 6 mos	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 5/21/2018; There has been treatment or conservative therapy.; The pt has back pain w/weakness, tingling in legs, scoliosis, numbness, Meloxicam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; unknown; There has been treatment or conservative therapy.; pain radiates down neck, rib cage, lower back; PT / meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 05/10/18; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Chronic daily 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Chronic HA; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness and giddiness; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Further evaluation of the new onset headache is required.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	he headache is located in the left temporal area. The pain radiates to the left neck. The patient describes the pain as throbbing (hurts when adding pressure). Onset was gradual 1 month(s) ago. dizziness and nausea." L OM RED BUDGING; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	L sided headache for almost 2 weeks,seems goes from occipital area to frontal area,almost constant gets worse ,then little better,woke up with HA tonight,no face twitching now.No any trauma; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Memory issues have been ongoing for several months and seems to be getting worse, patient is having problems processing things now and describes as moderate.; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient continues to have ongoing headaches. T1 weighted showed; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried prescription rx, darkroom and rest without relief.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient is having 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT NEEDS FURTHER EVALUATION; This study is being ordered for a neurological disorder.; 2 WKS AGO; There has been treatment or conservative therapy.; LUMBAR AND CERVICAL PAIN WITH RADICULOPATHY AND LEG WEAKNESS. WORSENING HEADACHE OVER 2 WKS WITH VISION CHANGES; TREATMENT FOR BACK PAIN HAS BEEN PHYSICAL THERAPY, NSAIDS, PAIN MEDS. TREATMENT FOR THE HEADACHE HAS BEEN TYLENOL, IBU, EYES CHECKED.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient stated that she has had 3 episodes w/in the past 2 months of where everything would get dark and she would black out. She stated that she fell in March and hit her head; 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.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient states this is has been a sudden severe onset of mental disorientation. He completely forgets everything, confused about who people are and what he is doing. Pt states he becomes very light headed as well as very weak.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient was hospitalized for 1 sided weakness, dizziness, headache, gait imbalance-07/20/2018; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient was seen on 09/05/2018 with c/o "shaking habit in my head." Patient states "my head has been twitching since May 2018." Patient currently plays sports, previous sports-related head trauma.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient with altered mental status and cognitive impairment with memory loss and extreme fatigue. He has had multiple labs drawn with no abnormalities revealed.; This request is for a Brain MRI; The study is 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient with sudden onset significant decline in cognitive function and also sudden onset change in personality and mood. Concern for cerebrovascular attack or other frontal lobe pathology.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	persistent, recurrent headache. wakes everyday with headache. was being treated for migraines. meds no longer effective; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Left upper extremity pain, spasms in the biceps, pain in the right interior chest region and also has spasms. Describes the pain as a burning sensation. Has intermediate posterior 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 >; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 04/21/2017; There has not been any treatment or conservative therapy.; Curviges in spine, numbness and tingling of legs, chronic 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 2016; There has been treatment or conservative therapy.; Back pain; Mobic in 2016, Gabapentin in 2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 7 months ago; There has been treatment or conservative therapy.; Neck pain Back pain; Physical Therapy Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	by pass; This study is 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.; bypass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Decreased ROM in thoracic and cervical area spasms; This study is being ordered for trauma or injury.; 05/11/2018; There has been treatment or conservative therapy.; Leg pain tingling numbness back and neck pain; PT x 6 weeks Rx medication NSAIDs anti inflammatory 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

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	disc displacement or protrusions; This study is being ordered for a neurological disorder.; 03/2018; There has been treatment or conservative therapy.; mid back pain and numbness, left thigh pain, cramping; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	he can't sleep and stop his daily activities; This study is being ordered for trauma or injury.; 2000; There has been treatment or conservative therapy.; Pt. is having back pain in the lumbar area; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	history of thoracic pain and lumbar disc disease.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Pt is somewhat less manic and is sleeping better but he's still not sleeping well and he still feels like he can't slow down.; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	R/o tumor or stroke; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	seen in er for migraine 7/16/18; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Seen in Mena ER, BP 182/114; they do him he needed an MRI; admits to history of bipolar and anger issues. States has all the symptoms of post concussive syndrome.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She is having dizziness, depression, mood swings, saying wrong words, headaches, laps in memory, sleeping a lot x 2 weeks.; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She states that she has noticed a lump in the back of her head that swells up when she has a migraine. She noticed this about 4-5 months ago. When she does not have a headache, she states that she cannot feel the lump. She complains of pain to the touch o; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Skin Lesion Reported by patient. Location: scalp  Quality: no pain  Severity: mild  Duration: started 2 week(s) ago  Onset/Timing: abrupt  Context: no known trigger  Alleviating Factors: no alleviating factors  Aggravating Factors: no aggravating.; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Thoracic back/chest pain for 1 month. Meloxicam not helping. Arthritic changes noted on thoracic back xray, possible nerve involvement? Need MRI to determine.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; unknown	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	mid back pain He has had this over the last year This is getting much worse He has tried otc meds and home stretch an pt but no relief xray shows osteoarthritis; 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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	na; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	numbness and tingling in hands and feet; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	pain in thoracic spine. acute pain due to trauma; 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT FELL DOWN STAIRS; This study is being ordered for trauma or injury.; 06/25/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X-RAYS TO LUMBAR, THORACIC AND PELVIC BONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has tried and failed with conservative therapy of NSAID and physical therapy.; This study is being ordered for trauma or injury.; 05/02/2018; There has been treatment or conservative therapy.; chronic thoracic, lumbar and cervical pain with muscle spasms, not relieved by muscle relaxers or NSAIDs.; provider directed physical therapy and NSAID therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	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 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; No exact date given.; It is not known if there has been any treatment or conservative therapy.; Daily HA, syncope, Hyponatremia, SVT, 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	weakness, intermittent drooling, elevated D Dimer, worsening headaches; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	work up has been done but results are not back at this time.; This request is for a Brain MRI; The study is 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.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having increasing back pain. pt has tried physical and conservative therapy with no improvement.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	sacral 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.; Lumbar-1/16/2011; There has been treatment or conservative therapy.; lumbar pain and spasms, thoracic arthritis, thoracic pain, numbness into his right leg and hip, radiculopathy; surgery on lumbar spine, pain medications, physical therapy, 6 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	3
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; attached clinicals; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; chronic pain and abnormal xray. The patient is allergic to Nsaids.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Patient to be evaluated for upper back pain. Reason for visit: Pain. The discomfort is most prominent in the upper thoracic spine. The pain does not radiate. She characterizes it as intermittent, severe, burning, and stabbing. She states that the cur; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	2
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Discuss the ongoing pain that pt has been having in her thoracic spine - pt has pinpoint pain mid thoracic radiating to pts shoulders; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 trauma or acute injury within 72 hours.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; patient has thoracic spine pain	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Abn xray R/O compression deformity	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.6	7
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 been having weakness were he is unable to work. Problems with constipation. Not sweating and some nausea.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 4/16/2018; There has been treatment or conservative therapy.; radiculopathy in the lower extremity; medication, pain management specialist, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; X-rays came back abnormal. Osteo arthritis in hips and thoracic spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 04/10/2018; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	3
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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.;" 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.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; August 28, 2018; There has been treatment or conservative therapy.; Cant move right shoulder , Right arm and hand numbness; First Care on Wednesday - St Bernards Emergency Room on Thursday.  He has been to chiropractor,twice a day x 5 days. taking pain medications for 3 days.  also norflex 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
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	42 year old black female presents today with itching to arms and legs. She states it has been ongoing for about 3 years. She denies any new changes in soaps, lotions or detergents. She has switched to fragrance free products and does not put perfume on her b; This study is being ordered for Inflammatory/ Infectious Disease.; 01/01/2015; There has been treatment or conservative therapy.; 42 year old black female presents today with itching to arms and legs. She states it has been ongoing for about 3 years. She denies any new changes in soaps, lotions or detergents. She has switched to fragrance free products and does not put perfume on her b; 42 year old black female presents today with itching to arms and legs. She states it has been ongoing for about 3 years. She denies any new changes in soaps, lotions or detergents. She has switched to fragrance free products and does not put perfume on her b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	48
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	B/I renal cysts. We will reorder CT to evaluate for change; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	biopsy was done on 03/29/2018; 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
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain of uncertain etiology; This study is 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 states symptoms began after breast augmentation; There has not been any treatment or conservative therapy.; chest pain, abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 in Legs, Weakness in leg, Stiffness. Radiculopathy, Pain with Hip Rotation or extension.; 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.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; unsuccessful	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 reflex in the left leg	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Constitutional: Constitutional: no fever, night sweats, or significant weight gain and weight loss (30 lbs). Eyes: Eyes: no irritation, dry eyes, vision change, or eye disease/injury. ENMT: Ears: no difficulty hearing. Cardiovascular: Cardiovascu; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	continued cough hemoptysis COPD; A Chest/Thorax CT 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 this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	LUNG CANCER SCREENING WITH THE LOW-DOSE CT. PT IS TRYING TO QUIT SMOKING AND WOULD LIKE TO THIS TEST; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	MD concerned of chest pain radiating to scapula; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	no improvement s/p treatment; There is no radiologic evidence of asbestosis.; "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.; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has abnormal weight loss, history of smoking, abdominal pain, vomiting/nausea, ultrasound showing gallbladder polyps.; This study is 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 was seen on 9/5/2018 with complaint of abnormal weight loss. Has noticed a weight loss of 13 pounds in one year, hasn't tried to lose weight. Is a smoker. Gallbladder polyps were seen on abdominal ultrasound in January of 2018 - patient complain; There has been treatment or conservative therapy.; abnormal weight loss, personal history of nicotine dependence, abdominal pain, vomiting, abnormal ultrasound of gallbladder showing polyps.; patient was sent to gastroenterologist for gallbladder polyps, unable to perform surgery d/t not able to get down throat. Ultrasound of thyroid that was performed on 8/31/2018 showed goiter. has been sent to ENT, awaiting office visit to see what he reco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient is experiencing SOB and wheezing despite conservative therapy. patient has had neg. chest x-ray and PFT; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient was in a mva; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	27
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; It is unknown if the patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/15/2017; There has been treatment or conservative therapy.; weakness, back pain, muscle spasm;, pt. seen specialist, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 9/14/18; There has been treatment or conservative therapy.; LOW BACK PAIN, NUMBNESS AND TINGLING, LEG PAIN; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; unknown; There has been treatment or conservative therapy.; pain radiates down neck, rib cage, lower back; PT / meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 11/10/2017; There has been treatment or conservative therapy.; Hip pain; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Tanya K Horn is a female with a known vulvar mass. She first noticed the mass on her labia majora 1.5 years ago. She states the mass has progressively gotten bigger over time with discharge so she sleeaked medical attention. PET CT 7/29/2016 showed a 2.3x2; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	These symptoms have been persistent for the last 2 months.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/05/2018; There has been treatment or conservative therapy.; Swollen lymph nodes, headaches, and fatigue; Doxycycline Hyclate 100 mg tablets  Hydrocodone-Acetaminophen 5-325 mg tablets  Prednisone 20 mg tablets Toradol 10 mg tablets  Bactrim DS 800-160 mg tablets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.; 06/20/2018; There has been treatment or conservative therapy.; falling; 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	72125 Computed tomography, cervical spine; without contrast material	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.; 8/4/18 MVA; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	mild tenderness to palpation L3-L5. Mild Tenderness to palpation of C5-C7. Mildly tender to palpation of bilateral posterior neck and upper back (over trapezius muscle bilaterally); 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain in neck and numbness; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient has not improved 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.; 05/11/18; There has been treatment or conservative therapy.; neck and back pain; patient has completed 6 weeks of physical therapy, has also tried meloxicam and tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	prior abnormal xray; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Reported by patient. Location: lumbar; pain radiating to the legs (right more than left)  Quality: sharp Severity: worsening; severe (8-10); interference with sleep; interference with work Duration: chronic pain but has worsened in the past 3 days  O; 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine 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.; back pain-6/2018; There has been treatment or conservative therapy.; back pain, middle of the back is numb and tingling radiates to the shoulder blades, nicotine dependence, shortness of breath, vehicle accident 6/2018; oral medication, home therapy 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	72125 Computed tomography, cervical spine; without contrast material	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.; 5/22/18; There has been treatment or conservative therapy.; NECK PAIN, LOWER EXTREMITY PAIN, NUMBNESS, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 7/11/2018; There has been treatment or conservative therapy.; back pain, neck pain, bilateral hand, injection and 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 weeks ago; It is not known if there has been any treatment or conservative therapy.; left sided joint pain involving left shoulder left hip and left knee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Cervical- 06/27/2013. Lumbar- 04/28/2016.; There has been treatment or conservative therapy.; Radiculopathy, pain shooting down leg and arm, arm weakness, and increased pain in the neck.; Physical therapy 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 04/21/2017; There has not been any treatment or conservative therapy.; Curviges in spine, numbness and tingling of legs, chronic 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	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	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 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	2
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	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; It is not known if there has been any treatment or conservative therapy.; 52-year-old gentleman presents to the clinic today with a chronic history of low back problems. He is status post multiple back surgeries. He is fused from L2-S1, with instrumentation at L2-3. His first surgery was in 2007, and his last one was in 2015; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	CTA obtained on 3/20/2018 revealed a right lower lobe pulmonary embolus with cardiomegaly and mild pulmonary edema and trace left pleural effusion. There were bilateral lower lobe punctate peripheral nodular opacities that were considered to be possibly.; 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
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient has not improved 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.; 05/11/18; There has been treatment or conservative therapy.; neck and back pain; patient has completed 6 weeks of physical therapy, has also tried meloxicam and tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	SCATICA; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; WORSENING BACK PAIN; MEDICATIONS, COUNSELING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Upon PE cervical spine has decreased flexion and extension, reduced ROM, and tenderness on palpation. Thoracic Spine spasms and tenderness on palpation, large bulge noted T1-T3. Tender point on paracervical region, upper/medial scapular border and mid-tra; 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
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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.; 07/04/2018; There has not been any treatment or conservative therapy.; Pain in lower back and neck, numbness and tingling to 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	. With regard to the low back pain, the discomfort is most prominent in the lower lumbar spine. This radiates to the right posterior thigh. He characterizes it as sharp. The event which precipitated this pain was lifting heavy equipment. This occurred.; The study 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.; With regard to the low back pain, the discomfort is most prominent in the lower lumbar spine. This radiates to the right posterior thigh. He characterizes it as sharp. The event which precipitated this pain was lifting heavy equipment. This occurred at.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	7

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 radiating to the buttocks weak limbs; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 TINGLING WITH NUMBNESS.  PATIENT EXPERIENCING WEAKNESS WITH DECREASED RANGE OF MOTION  PAIN GREATER THAN 6 WEEKS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 05/26/2017; There has been treatment or conservative therapy.; Numbness; tingling; LBP; PT and 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain in head, daily headaches, hx of seizures   pain in lower back radiates down legs. tenderness and limited ROM; NSAIDs, muscle relaxers, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 06/08/2018; There has been treatment or conservative therapy.; Neck pain  Right arm/hand stays numb all the time, left arm too but not as bad  Patient reports continued numbness in the left lower extremity and foot. Continue weakness left lower extremity. She reports continued moderate to severe, dull lower back; Diclofenac Sodium - 06/08 Physical therapy 07/27/18; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 Computed tomography, lumbar spine; without contrast material	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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient has not improved 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.; 05/11/18; There has been treatment or conservative therapy.; neck and back pain; patient has completed 6 weeks of physical therapy, has also tried meloxicam and tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Positive for nausea and vomiting. Positive for back pain. pain with range of motion in the back; 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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	PX, NUMBNESS AND TINGLING IN EXTREMITIES; 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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	SCIATICA; This study is being ordered for a neurological disorder.; UNKNOW; There has been treatment or conservative therapy.; WORSENING BACK PAIN; MEDICATIONS, COUNSELING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 Computed tomography, lumbar spine; without contrast material	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 lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 07/28/2017; There has been treatment or conservative therapy.; Back pain Pain radiating to legs worse on the right Pain on movement  Back stiffness; Lyrica since 03/29/18 Hydrocodone since 04/17/18 Epidural Inj. date 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

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10+ years; There has been treatment or conservative therapy.; stiffness in upper back   gradual recurrence of low back pain and increasing midback pain.; Prednisone Physical Therapy - 08/22; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 7 months ago; There has been treatment or conservative therapy.; Neck pain Back pain; Physical Therapy Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; APPROXIMATELY OVER FIVE YEARS; NO MRIS OBTAINED BY PREVIOUS PROVIDER; There has been treatment or conservative therapy.; NECK AND BACK PAIN WITH SCIATICA; PHYSICAL THERAPY, PRESCRIPTION MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 6 years ago due to MVA; There has been treatment or conservative therapy.; flank pain worse with movement; Takes Excedrin every 6 hrs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray previous ULTRA degenerative 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.; 6/4/18; There has been treatment or conservative therapy.; pain numbness and tingling; PT meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ASSESSMENT M54.2: Cervicalgia, This patient has chronic low back and neck pain with reported history of herniated discs. Due to the history and severity of the patient's pain, I advised the patient to stay active, avoid bed rest as much as possible an; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/02/2018; There has been treatment or conservative therapy.; Intensity: 8/10 on pain scale, Quality: throbbing, aching.; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back and neck pain. both feet stay numb. back pain goes into right hip and right leg; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back pain x 2 years periodically and getting worse. has tried otc medications and chiropractor w/o relief neck pain x 1 month radiates down arms past mri shows disc dessication at l5-s1; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain Reported by patient.  Location: lumbar; pain radiating to the buttocks; pain radiating to the legs Quality: sharp (burning and stabbing.)  Severity: moderate (5-7); interference with sleep Duration: chronic  Alleviating Factors: Patient sta; The study 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back pain, neck; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral hip 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	bypass; This study is 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.; bypass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic low back and neck pain x several months. Worse with increased activity. Abnormal C-Spine X-ray, degenerative changes at c6/c7.  Patient has tried NSAIDS with little effectiveness. Patient currently taking hydrocodone-acetaminophen 10-325 with eff; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; neck and left 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 the neck; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 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.; List meds here	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 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.; office visit 8/17/2018 with follow up on 9/24/2018 helped a little but symptoms are still present chronic lower back pain. abnormal x ray; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; low back ttp, decrease rom, paramuscle tightness noted indings	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Colitis, did CT of abdomen and pelvis, low back pain that's causing urinary incontinence; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Degenerative disc and Fibromyalgia.; This study is being ordered for trauma or injury.; 7/24/2018; There has been treatment or conservative therapy.; Low back and neck pain. Ambulatory problems; Pain meds and anti-inflammatory 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given  Lumbar spine xray show close to 1/2 inch difference l leg length and scoliosis; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	HAS HAD TWO SURGERIES ON HIS LUMBAR SPINE, BUT HIS BACK PAIN IS GETTING WORSE.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	he can't sleepand it's stop his daily activities; This study is being ordered for trauma or injury.; 2000; There has been treatment or conservative therapy.; Pt. is having back pain in the lumbar area; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Her spine is decreased range of motion with flexion and rotation. Radiation to both legs - no loss of bowel or bladder function. Been taking Robaxin for 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 not seen the doctor more than once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	hip pain Pt says that with work,walking its hard for him to function with pain Pt says that pain can get so intolerable that he has to stop and rest   personal hx of prostate cancer weight loss; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurological: Positive for weakness and numbness.Musculoskeletal: Positive for arthralgias, back pain, extremity weakness, gait problem and myalgias Musculoskeletal:  SLR negative Reflex Scores: Patellar reflexes are 2+ on the right side and 2+ on ; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	history of thoracic pain and lumbar disc disease.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Injured themselves cleaning the swimming pool, fell off of the swimming pool ladder. Fell Onto lower extremity.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Left lower quadrant abdominal pain that radiates all the way around his abdomen on both sides in the L1 dermatome region. Ins denied an abd/pelvis CT to evaluate; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Limited and slow ambulation with tenderness (centralized lumbosacral pain with ambulation that radiates to bilateral anterior thighs and groin); pt reports intermittent spasms of neck and 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 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SJ joints bilaterally, there are no focal point tender areas. L5 point tenderness in which light tapping causes shooting pains in the do; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low Back pain after injury on the job. Does not want to file WC.  Left leg & 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain radiating to legs. numbness and tingling in feet Lumbar Spine: Soft Tissue Palpation on the Left: tenderness of the paraspinal region at L 5, the ilioLumbar region, the gluteus maximus, and the sciatic notch. Soft Tissue Palpation on the Ri; The study 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lumbago with radiculopathy.; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 5/21/2018; There has been treatment or conservative therapy.; The pt has back pain w/weakness, tingling in legs, scoliosis, numbness.; Meloxicam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; low 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 03/01/2018; There has been treatment or conservative therapy.; Muscle ache, intermittent swelling, shoulder pain, moderate and severe, numbness, weakness, pain radiates from left shoulder to left lower arm.; Nsaid, activity modification, over the counter 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	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 years; There has been treatment or conservative therapy.; right side sharp pain in head-pressure behind right eye.; medication.headaches are getting progressively 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the lumbar spine to see if there is anything that could be causing his pain that may be surgically repaired previously he was told that surgery would be warranted but he did not want to proceed with surgery as a surgeon told him that it may cause 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI that was done a year and half ago was abnormal. patient is having worsening symptoms.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back pain that goes all through back, usually right leg throbs with pain into hips, Right leg goes weak and numb. standing makes this worse. cannot lie on side can only lie flat on back. had MRI on lower back about a year and half ago, but this pain is 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI's needed for evaluation and next steps - pain management/ESI; This study is 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 2017; There has been treatment or conservative therapy.; ; Mobic, Flexeril, PT without 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	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Unknown.; There has been treatment or conservative therapy.; Chronic Neck and back 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	na; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	na; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	neck pain, degenerative changes, peripheral neuropathy, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	numbness and tingling down both legs.xrays normal recommend follow up for disk narrowing at lumbar sacral junction; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness in both feet; 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 weakness.; Unknown; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ONGOING LEG PAIN.PAIN TO POSTERIOR ASPECT OF THE THIGH DOWN TO THE KNEES. SOME WEAKNESS IN THE EXTREMITY NOW FINDING IT DIFFICULT TO WALK. HAS COME CLOSE TO FOLLOWING.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain lasting more than 4 months with no improvement with conservative treatment; The study 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 March for low back pain. Was given predinisona and cyclobenzaprine. F/u 4/10/18 w/no improvement. referred to physical therapy. Returned to clinic 8/1/18. Did not complete PT and still no improvement. has weakness, pain radiating 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain travels down right leg to the knee, worse with movement. physical findings showed abnormalities; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 2015; There has been treatment or conservative therapy.; HEADACHE, WEAKNESS.; INJECTIONS, MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 5/22/18; There has been treatment or conservative therapy.; NECK PAIN, LOWER EXTREMITY PAIN, NUMBNESS; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 7/11/2018; There has been treatment or conservative therapy.; back pain, neck pain, bilateral hand; Injection and 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 weeks ago, It is not known if there has been any treatment or conservative therapy.; left sided joint pain involving left shoulder left hip and left knee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 7/26/2018; There has been treatment or conservative therapy.; Weakness in his left hand, history of a fracture and left arm numbness; Medications and seen a orthopedic specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	paraspinous tenderness with palpation. Pain present with flexion and extension.Gait is slow and cautious.; The study 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 increased low back pain for the past two weeks. States that she has been doing alot more bending and lifting at work during this time. Back pain is worse with standing and flexing, relieved with rest and reclining. Notes intermittent numbness in f. The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient felt a pop and has had excruciating pain down his rt leg that is not getting better.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had an MRI Lumbar Spine on 12/26/2016 that showed Multilvel mic spondylotic disc protrusions with bilateral foraminal protrusions abutment of the thecal sac and abutment of the exiting nerve roots. L4-5 demonstrates marrow edema involving the in; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had bicycle accident on 6-26-18. Felt like something pulled and has had continuous pain since. Pain medications have not been effective.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a hx of a compression of back. also has intractable back pain. pain medication is not working for this pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been complaining of chronic back pain for a couple of months now.; The study 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 HAD PROBLEMS DOING A STRAIGHT LEG RAISE.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has degenerative disc disease; This study is being ordered for a neurological disorder.; 01/25/2018; There has been treatment or conservative therapy.; low back pain - radiation neck pain; therapy and pain medication has been given  Norco 10-325 MG Oral Tablet Take 1 tab by mouth TID x 30 days #90 (; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 04/05/2018; There has not been any treatment or conservative therapy.; Patient with muscle twitching in LE bilat, bilat hands and feet; patient with numbness in bilat hands, feel lips, left side of torso; uncontrollable shaking of UE bilat; patient reports severe burning between shoulder blades; weakness in LE bilat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; PATIENT HAS CHRONIC LOW BACK PAIN; RADICULOPATHY; HEADACHES; CERVICALGIA WORSENING BACK PAIN WITH SITTING; There has been treatment or conservative therapy.; PATIENT HAS CHRONIC LOW BACK PAIN; RADICULOPATHY; HEADACHES; CERVICALGIA; PATIENT HAS COMPLETED PHYSICAL THERAPY AND CURRENTLY GETTING MESSAGES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 04/02/2018; There has been treatment or conservative therapy.; Pain in neck and shoulder; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	chronic L2 fracture with increasing pain, failed therapy; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic low back and neck pain x several months. Worse with increased activity. Abnormal C-Spine X-ray, degenerative changes at c6/c7. Patient has tried NSAIDs with little effectiveness. Patient currently taking hydrocodone-acetaminophen 10-325 with effe; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC NECK PAIN WORSENING. X-RAYS CERVICAL SPINE SHOWED DEGENERATIVE CHANGES THROUGH OUT 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 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 & WEAKNESS	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Decreased ROM in thoracic and cervical area spasms; This study is being ordered for trauma or injury.; 05/11/2018; There has been treatment or conservative therapy.; Leg pain tingling numbness back and neck pain; PT x 6 weeks Rx medication NSAIDS anti inflammatory 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had x-rays that were negative. Pain started in March and has been treated w/medications without relief; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has not slept in 2 weeks, steroid dose pack with no help, Pt right has been going numb, no feeling but not a foot drop.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt went to ER 8/26/18 was placed on chlorzoxazone and tramadol. started seeing Chiropractor 8/27/18 and has seen them 3 times with no relief.No xray done./u visit 9/18/18 BACK PAIN, STARTED ON THE 21ST OF LAST MONTH. WENT TO ER ON 8/26 AND GOT PAIN MED 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Unknown; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Reflex Abnormality - numbness in left 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.; Straight leg raising test, left leg was positive; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	sacral 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.; Lumbar-1/16/2011; There has been treatment or conservative therapy.; lumbar pain and spasms, thoracic arthritis, thoracic pain, numbness into his right leg and hip, radiculopathy; surgery on lumbar spine, pain medications, physical therapy, 6 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Saw her rheumatologist at Poplar Bluff earlier today, was given a shot for her lupus. She is having pain, lower back, going down her (R) leg and (R) hip. Her rheumatologist wants her to have 3 things done, MRI Scan Lumbar Spine, MRI Scan (R) hip and a Bon; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	See 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.; 5-10 years ago (see clinical); It is not known if there has been any treatment or conservative therapy.; Bilateral Hip Pain, Chronic Low 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tender to touch to sj joint; The study 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.; tingling weakness numbness bilateral extremities	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tenderness (bilateral lumbar tenderness, pain with ambulation and weight bearing); slow to rise from sitting position.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	stroke; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Neck pain left arm paralysis back pain sciatica; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tenderness; lower right back/leg tenderness in range of motion.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	THE PATIENT HAS LEFT HIP PAIN AND BACK PAIN THAT HAS GRADUALLY BECOME WORSE OVER THE PAST 6 WEEKS. THE PAIN RADIATES DOWN HIS LEFT LEG TO THE KNEE.; The study 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	degenerative disease; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up from car accident- Pt was restrained driver of MVA that was rear-ended at unknown speed. Greater than 65mph per pt. Pt did not go to ER for evaluation. Accident happened in AZ. Pt c/o constant headaches since the accident and states he has been; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; reduced ROM. Cervical Spine decreased flexion and extension and spasms, reduced ROM, and tenderness on palpation. Lumbar / Lumbosacral Spine spasms and reduced ROM and normal lordosis and no tenderness.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He exhibits tenderness. Positive for arthralgias, neck pain and neck stiffness.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	History of abusive relationships.; This study is 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 pain with limited range of motion and pain that radiates down her shoulder and down her arms. Pt has paresthesia in arms and hands. Loss of strength in knee resulting in buckling and falls.; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient presents for follow-up; reports continued neck pain. Patient had an abnormal MRI in 2017 that indicated significant changes. A referral was placed at that time to NeuroSurgery; however an updated MRI was required. MRI was denied at that time. Pati	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs; Quality: sharp; tingling; stiffness; Severity: worsening; Duration: chronic (intermittent); Onset/Timing: recurrent episode; Context: overuse; prior back problems.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Muscle spasms, when she is having spasms her head leans to the right; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased grip on the right, weakness in right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	na; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	neck and back pain with 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NERVE ROOT DISORDER; 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.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	ongoing chronic pain since age 16 years after MVA, recent MVA has triggered recurrence of pain- we have attempted conservative management of NSAIDs, muscle relaxers and PT intervention- PT was ineffective and s/s were worsening- therapist recommended; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has back and neck 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has degenerative disc disease; This study is being ordered for a neurological disorder.; 01/25/2018; There has been treatment or conservative therapy.; low back pain - radiation; neck pain; therapy and pain medication has been given; Norco 10-325 MG Oral Tablet Take 1 tab by mouth TID x 30 days #90 (One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	3
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	THIS IS THE CASE OF A 30 Y/O BLK FEMALE WITH LONG STANDING HISTORY OF LOW BACK PAIN AND CONFESSED TO HAVE BEEN INVOLVE IN MULTIPLE MOTOR VEHICLE ACCIDENT OVER THE PASS SEVERAL YEARS[X-RAY OF THE CERVICAL AND LUMBAR SPINE ARE NEGATIVE] NOW WITH LUMBAR RADIC; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; decrease range motion, range of motion is limited to moderate pain, severe ddd,lumbar tenderness lumbar sacral; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; pain with range of motion in: the back; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not directed conservative treatment for the past 6 weeks.	3
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has extensive arthritis in the whole spine and has seen dr. calhoun and he referred him to dr.olaya, pain managemnt. dr.olaya wanted to do shots and he did not wanted to do shots. Patient wants to get pain medications for when necessary use. Patie; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient having neck pain and a cervical spine xray was performed. Impression is as follows: Impression: 1. there is no acute fracture but there is prominent degenerative change in the cervical spine. 2 this degenerative change/stenosis can be better del; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING CHRONIC LOWER BACKPAIN X SEVERAL YEARS THAT IS INCREASING WITH TIME. PATIENT HAS TRIED NSAIDS, CONTROLLED MEDICATIONS WITH NO EFFECTIVENESS. Patient also has chronic neck pain x years with symptoms worsening.; This study is being ordered for a neurological disorder.; 08/11/2017; There has been treatment or conservative therapy.; lower back pain with radiation; He has been given hydrocodone for 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT had CT done 9/11/18 C spine impression: Degenerative spondylosis is present as described most pronounced in C6-7 CT T spine. Sever Multilevel DDD w/ Broad-based posterior disc herniation at T 5-6 and T7-8 Resulting in at least moderate multilevel cana; This study is being ordered for a neurological disorder.; Pain started appr. 1 month ago.; There has been treatment or conservative therapy.; Back pain radiating into legs,arms and around abdomen.fingers go numb; pt was give Diazepam and Tylenol 3 at ER visit on 9/11/18; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	see previous; This study is being ordered for a neurological disorder.; 01/09/2017; There has been treatment or conservative therapy.; neck pain Stiffness Smelling things that are not there; Muscle Relaxants Pain Medication Oral Analgesics 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Tenderness in the right trapezius muscle at the neck and top of shoulder. Painful range of motion of the right shoulder. Tenderness at the subacromial space posteriorly, hurts to twist and to turn neck and to lift right arm, states does not work and has; 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.; hurts to twist and to turn neck and to lift right arm, states does not work and has not been lifting that she is aware of, states pain is sharp and not going away, states pain is a 10 and is not going away; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has 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.; Robaxin, Torodol, Vanalex, Lorcet	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; 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 none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; 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.; Patient keeps falling; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 4/16/2018; There has been treatment or conservative therapy.; radiculopathy in the lower extremity; medication, pain management specialist, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 06/04/2018; There has not been any treatment or conservative therapy.; Discomfort, numbness and tingling to the right upper thigh to groin, relieved with position change.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 06/27/2018; There has been treatment or conservative therapy.; Pain, limited range of motion; Medication-physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness in 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.; 06/08; There has been treatment or conservative therapy.; numbness in the left lower extremity and foot. Continue weakness left lower extremity. She reports continued moderate to severe, dull lower back pain. Pain is increased with activity and weight-bearing, and decreased with rest.; Diclofenac Sodium 75 MG tablet - Started on 06/08; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness in left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will attach clinicals; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will fax clinical; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax in; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will Fax the clinicals in bc it is the Rendering Provider; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	With regard to the neck pain, the location of discomfort is posterior. It radiates to the left shoulder. Initial onset was several years ago. Associated symptoms include headache and neck stiffness. Has tried medications nsaid and muscle relaxers and; This study is being ordered for a neurological disorder.; 08/24/2018; There has been treatment or conservative therapy.; With regard to the neck pain, the location of discomfort is posterior. It radiates to the left shoulder. Initial onset was several years ago. Associated symptoms include headache and neck stiffness. Has tried medications nsaid and muscle relaxers and; over the counter pain meds cold/heat packs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening back pain radiating to LLE after treatment with NSAIDs and Steroids.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray of lumbar and thoracic spine showed no abnormalities.; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; Sharp, constant pain in his back that is worse when moving. Pain improves with laying down and resting. Rates pain at 7/10 most of the time. Patient is hunched over at work and pain affects daily life.; He was evaluated following the injury and was going to PT and a chiropractor. He tried this for several months, and he did not feel that this was very helpful, so he stopped going. He was on a muscle relaxer, but he has not taken this recently. He did not; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis.;" "There are no 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	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has lateral femoral cutaneous syndrome; 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 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Questionable bony lesion versus less likely an inguinal hernial projected over left groin on abdominal xray. Additional pelvic CT images requested.; 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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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 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 tall bone pain or injury.	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/15/2017; There has been treatment or conservative therapy.; weakness, back pain, muscle spasm.; pt, seen specialist, 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 <Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/8/2018; There has not been any treatment or conservative therapy.; liver lesion, lower abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	hyperlipidemia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; u/k; There has been treatment or conservative therapy.; back pain.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; It is not known if this patient had a recent course of supervised physical Therapy.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; unknown	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 completed 6 weeks of physical therapy?	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Extremity Pain/Injury Reported by patient. Location: right arm  Quality: sharp Severity: worsening Duration: present for 1-6 months (2-3 months ago)  Timing: intermittent; pain at night  Context: overuse; She sits at a computer at work all day.  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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Left shoulder is painful with numbing of left arm that extends into fingers; 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.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; patient has numbness and tingling.sensation of skin...; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT FELL DOWN STAIRS; This study is being ordered for trauma or injury.; 06/25/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; X-RAYS TO LUMBAR,THORACIC AND PELVIC BONE; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING SEVERE PAINS IN BOTH HIPS, AND HER PAIN IS GROWING WORSE.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	She has increasing difficulty walking due to hip and pelvic 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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.; 06/04/2018; There has not been any treatment or conservative therapy.; Discomfort, numbness and tingling to the right upper thigh to groin, relieved with position change.; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, 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	73200 Computed tomography, upper extremity; without contrast material	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.; 07/19/2018; There has been treatment or conservative therapy.; pain in neck radiating to right arm; Tramadol, Steroid injection (Dexamethasone), exercise 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	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	left hand pain and weakness due to lifting dryer, pt felt popping and heard popping during trauma   right arm/elbow pain with radiculopathy--abnormal x-ray r/o bicep tear; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; right arm/elbow pain left hand pain; NSAIDS, ice 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	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	2
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Information>	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Headache Reported by patient. Location: band around head  Severity: moderate  Associated Symptoms: no nausea; no vomiting; no fever; no constipation; no diarrhea; no nasal congestion/discharge; no sensitivity to light; tearing/watery eyes; no confusio	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; unknown	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; x-ray done on 7/25/18 reveals extensive DDD changes at C5/C6 and C6/C7. Rudimentary left C7 Cervical rib	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 is having sharp stabbing neck pain that continues to get worse. Pain radiates to his right and left shoulders having numbness to his upper extremities. Patient was placed on Zanaflex on 08/07/2018 for his neck pain. Patient followed up on 08/20/20	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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.; 07/17/2018 given medication instructed to rotate shoulder daily, and pain still persists and has not gotten any better on office visit 08/20/2018; anti-inflammatories; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 9/18/2018; There has been treatment or conservative therapy.; Pain in shoulders, pain with range of motion; Medications, anti-inflammatory 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	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; The patient has been complaining of the symptoms for 5 months. The pain radiates into her right shoulder and arm. Needing further imaging to determine cause.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; neck and shoulder pain due to fall and pain was elicited with scapular motion; It is not known if the patient have new or changing neurological signs or symptoms.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Neurologic: numbness, tingling, dizziness, frequent or severe headaches, and loss of balance or falls.limited ROM due to pain and stiffness Neck pain worse and continued - fall in march , not better -neck surgery dec 2009 - fusion from c4 to c6 , repeat ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; unknown; 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.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	to see if further surgery is needed; This study is being ordered for trauma or injury.; august 26 2016; There has been treatment or conservative therapy.; chronic right shoulder pain radiating to cervical spine; physical therapy , and controlled medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 06/15/2017; There has been treatment or conservative therapy.; Neck pain radiating down left shoulder, unable to turn neck or lift arm.; Anti anti-inflammatory medication, had steroid injections, trigger point injections, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Neck and Shoulder pain with arm weakness. History of Domestic, physical abuse.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Advised Range of motion exercises to prevent frozen shoulder. Advised Rest/Ice/Elevation/Compression on 04/20/2018; 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.; Diclofenac Sodium 50 MG tablet, three times a day, 30 days, 2 refills    Mobic 15 MG tablet, once a day, 30 days, 2 refills  07/13/2018; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	HAD RIGHT ROTATOR CUFF IN 2003; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; FAIR / UNKNOWN; It is not known what type of medication the patient received.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	left hand pain and weakness due to lifting dryer , pt felt popping and heard popping during trauma   right arm/elbow pain with radiulopathy- abnormal x-ray r/o bicep tear; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; right arm/elbow pain left hand pain; NSAIDS, ice 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Multiple visits with no release. Tried steroid injections that did not work.; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 07/24/2018; There has been treatment or conservative therapy.; patient is having neck and right shoulder pain. he is unable to lift right arm due to pain. he feels like it is weaker. pain is continuously getting worse.; Patient has did physical therapy on both shoulder and neck. patient has tried indomethacin(NSAID) without relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 06/27/2018; There has been treatment or conservative therapy.; Pain, limited range of motion; Medication-physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 6/15/2018; There has been treatment or conservative therapy.; rib pain, neck pain, back pain , numbness in hands and legs; pain medications, anti inflammatory, brace with a pillow while coughing or sitting, overnight stay at Baptist hospital when the trauma happened; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 9/11/18; There has been treatment or conservative therapy.; excruciating pain in the right shoulder and neck; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness in 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.; 06/08; There has been treatment or conservative therapy.; numbness in the left lower extremity and foot. Continue weakness left lower extremity. She reports continued moderate to severe, dull lower back pain. Pain is increased with activity and weight-bearing, and decreased with rest.; Diclofenac Sodium 75 MG tablet - Started on 06/08; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will fax clinical; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	no range of motion, pain.; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has been dealing with this for more than a year. Further imaging is needed since xrays were nondiagnostic; This study is 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 a chronic problem. The current episode started more than 1 year ago; There has been treatment or conservative therapy.;; This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem has been waxing and waning. Associated symptoms include arthralgias and myalgias. Pertinent negatives include no joint swelling, numbne; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has possible muscle tear; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	r/o cancer vs. ganglion cyst; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	r/o rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	right shoulder pain pain radiating to fingers stiffness in shoulder abnormal movement in 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.; 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

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	ROM; can not lift arm and has to help with other arm for rom  Associated Symptoms: weakness; radiation down arm (and up neck); decreased rom    abnormal muscle strength (LUE). Joints, Bones, and Muscles: limited ROM (minimal rom and decreased stenght; 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. With regard to the neck pain, the location of discomfort is posterior. It radiates to the left shoulder. Initial onset was several years ago. Associated symptoms include headache and neck stiffness. Has tried medications nsaid and muscle relaxers and; This study is being ordered for a neurological disorder.; 08/24/2018; There has been treatment or conservative therapy.; With regard to the neck pain, the location of discomfort is posterior. It radiates to the left shoulder. Initial onset was several years ago. Associated symptoms include headache and neck stiffness. Has tried medications nsaid and muscle relaxers and; over the counter pain meds cold/heat packs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray of lumbar and thoracic spine showed no abnormalities.; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; Sharp, constant pain in his back that is worse when moving. Pain improves with laying down and resting. Rates pain at 7/10 most of the time. Patient is hunched over at work and pain affects daily life.; He was evaluated following the injury and was going to PT and a chiropractor. He tried this for several months, and he did not feel that this was very helpful, so he stopped going. He was on a muscle relaxer, but he has not taken this recently. He did not; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;; 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.;; Enter Additional Clinical Information	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	2
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 20 years but has been getting worse; There has been treatment or conservative therapy.; Low back pain; Pain management, back 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.;"	5
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" crepitus, inability to raise beyond 30 degrees, pain in shoulder joint radiating to deltoid, decrease and painful rom	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" Left sternocleidomastoid is very tender on palpation at all its insertions. Upper trapezius is also tender on palpation. Biceps groove is tender as well. Deltoid is intact. Labrum and infraspinatus tendon are slightly tender. There is restriction of	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" Patient was involved in a motorcycle accident and is having acute right shoulder pain - has had 4 weeks of conservative measures including muscle relaxants, pain medication, and NSAIDs without any relief from the pain and limited ROM	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 tear	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" RIGHT SHOULDER PAIN, CARPEL TUNNEL SYNDROME	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" Tear of Rotator cuff	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" tendon tear	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 9/14/18; There has been treatment or conservative therapy.; LOW BACK PAIN, NUMBNESS AND TINGLING, LEG PAIN, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 10-2017; There has not been any treatment or conservative therapy.; chronic 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 11/10/2017; There has been treatment or conservative therapy.; Hip pain; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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; 6/7/18; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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; 7/16/2018; There has not been any treatment or conservative therapy.; Neck pain and upper back pain with sensation also 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
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; trying to r/o possible impingement. Limited range of motion.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Unknown	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Mild limitation, in the range of motion on abduction.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Right shoulder pain for three months, therapy on 09/06/2018, on medication. A form of arthritis due to the pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; NECK/THYROID: DEGENERATIVE OSTEOARTHRITIC changes which include loss of the normal lordotic curvature of the neck, bilateral muscle spasms and tenderness to palpation, and limited range of motion in extension, flexion and rotation though most pronounced l	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 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.;	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; Chronic back pain began in pt's early adulthood, first visit discussing this is 7/24/18; There has been treatment or conservative therapy.; Spasm of back muscles, nonspecific pain; Muscle relaxers, 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 07/28/2017; There has been treatment or conservative therapy.; Back pain Pain radiating to legs worse on the right Pain on movement  Back stiffness; Lyrica since 03/29/18 Hydrocodone since 04/17/18 Epidural Inj. date 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10+ years; There has been treatment or conservative therapy.; stiffness in upper back  gradual recurrence of low back pain and increasing midback pain.; Prednisone Physical Therapy - 08/22; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 6 years ago due to MVA; There has been treatment or conservative therapy.; flank pain worse with movement; Takes Excedrin every 6 hrs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	WANTING TO RULE OUT ROTATOR CUFF INJURY	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	weakness in l shoulder.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 6/22/2018; There has been treatment or conservative therapy.; Pain in shoulder and neck; NSAIDs and analgesics.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	He exhibits tenderness. Positive for arthralgias, neck pain and neck stiffness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 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.; 2-4 month history of muscle spasms. This occurs along her back and sides just below the bra line. The pain radiates underneath her breasts. Movement seems to trigger this. She denies any injury to cause this. Pain is equal bilaterally. She will have these	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Chronic worsening pain	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; INCREASED BACK AND RIB PAIN THAT IS SHARP IN NATURE THAT IS WORSENING, INTERFERENCE WITH SLEEP, CONSTANT PAIN, PT STATES SHE FELL FROM A SWING, HURTS TO BEND OVER OR TWISTING, HAS SOB DUE TO PAIN. CXR SHOWS NO REASON FOR THE PAIN. TAKING CYCLOBENZAPRINE AN	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Patient had a spinal tap in November. Her symptoms have continued to worsen since then. Her back pain improves when supine.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Pain in thoracic spine	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs Quality: sharp; tingling; stiffness Severity: worsening Duration: chronic (intermittent)  Onset/Timing: recurrent episode  Context: overuse; prior back problems.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MRI's needed for evaluation and next steps - pain management/ESI; This study is 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 2017; There has been treatment or conservative therapy.; Mobic, Flexeril, PT without 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	1
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 6/18/18; There has not been any treatment or conservative therapy.; pain 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	2
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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 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 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
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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 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
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"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.; BOTH ANKLES ARE GIVING OUT, PATIENT SPRAIN BOTH ANKLES; This is a request for a bilateral ankle MRI.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiates from back to front; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had Lumbar spine injections & will use MRI CS & TS for evals for injections.; This study is 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 neck pain, CS Degenerative Disc Disease with CS Failed back syndrome. Patient has CS radiculopathy w spinal stenosis. Patient has insomnia due to neck and back pain. Has used Tens Unit, hot/cold packs, PT, & home exercises w no relief.; Patient prescribed pain meds & had 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient was referred to pain management. reports to PCP that pain is progressively getting worse, with no relief. Would like to rule out any fracture, or stenosis.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PT had CT done 9/11/18 C spine impression: Degenerative spondylosis is present as described most pronounced in C6-7 CT T spine. Sever Multilevel DDD w/ Broad-based posterior disc herniation at T 5-6 and T7-8 Resulting in at least moderate multilevel cana; This study is being ordered for a neurological disorder.; Pain started appr. 1 month ago.; There has been treatment or conservative therapy.; Back pain radiating into legs,arms and around abdomen.fingers go numb; pt was give Diazepam and Tylenol 3 at ER visit on 9/11/18; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Stroke; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Neck pain left arm paralysis back pain sciatica; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms getting worst; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Patient has increasing weakness and radiating pain in right lower extremity. Has been through treatment of physical therapy with no improvement and worsening pain to area. Recent Cervical spine MRI showing Uncontroversial osteophytes within the spine and ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 trauma or acute injury within 72 hours.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 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.; She has been having left leg pain in the hip and radiates into the thigh. The pain has been present for the past 2 weeks. She called and we ordered an US of the left and ruled out DVT 8/17/18. She continues to have the pain which is sharp and aching with	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Thoracic spine X-ray and bone density study performed; recommended further imaging with thoracic spine mri	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Chronic back pain from mid back down, with abnormal gait and parathesia; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 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	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; 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.; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; chronic keen pain; drug treatment, and conservative therapy in home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 5/31/18; There has not been any treatment or conservative therapy.; knee pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; Non-acute Chronic Pain; Pain greater than 3 days	2

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Dr. Charles Mills Clinical Electromyography . Recommended the patient have MRI to evaluate for Myelopathy.; This study is 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.; persistent pain, Acute pain; Patient had 6 weeks of PT and the patient had Nerve Conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	He is unable to do therapy due to intense pain and swelling. Xray was taken by another provider/facility on 6/29/18.; 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; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Joint 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.; &t; Enter date of initial onset here - or Type In Unknown If No Info Given &t; ; It is not known if there has been any treatment or conservative therapy.; &t; Describe primary symptoms here - or Type In Unknown If No Info Given &t; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Knee brace one week and Tylenol for 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; 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.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Mild edema; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; No, the plain films/scans are not normal.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	na; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has been experiencing sharp pain in the left ankle while walking, standing, or applying pressure.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Patient would like to have an MRI of the left knee for evaluation of pain after injury to knee. Patient is concerned for a ligament injury but reports having a high pain tolerance so is not currently in 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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Positive for knee pain and swelling , positive for low back pain Stacey R Sisco is a 41 y.o. female who presents today to discuss lab work . Abnormal labs include vitamin D low at 18; ESR 38: WBC 11; Ca+10.1. She is complaining of chronic knee pain; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; No, the plain films/scans are not normal.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PT HAS HAD ANLKE PAIN FOR 2 WEEKS, STARTED BECOMING INTOLERABLE AFTER STARTING BACK TO GYM A MONTH AGO, PAIN IS THROBBING WITH WALK OR JOG AROUND NEIGHBORHOOD. X-RAY IS NORMAL; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Pt presents to clinic with c/o right knee pain, that is getting worse; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	severe bilateral knee pain numbness in feet muscle cramps in legs; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The patient reports ongoing knee pain that has not improved after 3 injections by a sports medicine doctor. Patient describes it as a constant burning pain; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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 (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; chronic lower back pain; neuro deficit 1 leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 6/15/2018; There has been treatment or conservative therapy.; rib pain, neck pain, back pain , numbness in hands and legs; pain medications, anti inflammatory, brace with a pillow while coughing or sitting, overnight stay at Baptist hospital when the trauma happened; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray of lumbar and thoracic spine showed no abnormalities.; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; Sharp, constant pain in his back that is worse when moving. Pain improves with laying down and resting. Rates pain at 7/10 most of the time. Patient is hunched over at work and pain affects daily life.; He was evaluated following the injury and was going to PT and a chiropractor. He tried this for several months, and he did not feel that this was very helpful, so he stopped going. He was on a muscle relaxer, but he has not taken this recently. He did not.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; bil 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.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 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
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 01/04/2017; There has been treatment or conservative therapy.; chronic radiating pain, sciatica on the right side; injections, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 months ago; There has been treatment or conservative therapy.; pain after walking 2miles, xray shows spurring; 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	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 YEARS AGO; There has been treatment or conservative therapy.; DECREASED RANGE OF MOTION, PAIN, MEDICATION, PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a requests for a hip MRI; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; right knee and hip pain; It is not known if there has been any treatment or conservative therapy.; pain in right knee/hip x 1 week. pain is relieved by ice and ibuprofen MUSCULOSKELETAL: normal gait; tone and strength: 5/5 strength in all major muscle groups; range of motion: decreased ROM of right knee flexion; pain with ROM of right knee; Popping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having lower lumbar back pain that is causing right hip pain as well.; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	patient presents with antalgic gait. he has a history of avascular necrosis in left hip which resulted in total hip replacement. TTP bilateral sacroiliac joints and lumbar spine. patient has tried and failed nsaid - diclofenac, norco - pain medication. Xr; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	pt has hip dysplasia that is progressing with age. pain is not affecting him at work; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Saw her rheumatologist at Poplar Bluff earlier today, was given a shot for her lupus. She is having pain, lower back, going down her (R) leg and (R) hip. Her rheumatologist wants her to have 3 things done, MRI Scan Lumbar Spine, MRI Scan (R) hip and a Bon; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	She has increasing difficulty walking due to hip and pelvic 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	suspicion of Avascular Necrosis; 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
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.	5
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; legs giving out; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 LOWER EXTREMITY WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; to the right side along with pain and swelling; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Unable to stand up or walk.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Upper extremity 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; It is not known if the patient has seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 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 not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; X-rays came back abnormal. Osteo arthritis in hips and thoracic spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury; unknown; There has been treatment or conservative therapy.; pain; medication, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	PT c/o R ankle pain X2 weeks. Denies injury. Pt was previously seen and treated with steroid without relief. Pts X-rays were negative. Swelling noted upon exam.; This is a request for a ankle MRA (lower extremity joint MRA)	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; 7/27/18; There has been treatment or conservative therapy.; pain, constipation, lung nodule; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	continued unexplained abdominal pain, loss of appetite, and weight loss.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of Lupus. Pain has been going since 02-7. Pt has been seen over 4 times for this issue.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2018; There has been treatment or conservative therapy.; Pt has right upper quadrant pain and right sided chest pain. Hx of Lupus; Pt. had NSAIDs 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 none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had blood and urine tests and was told it is not her gallbladder. Patient has had a history of cyst on common bile duct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/18, There has been treatment or conservative therapy.; Acute pain when walking, function is inhibited by the pain.; Heating pad use; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen; without contrast material	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 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.; It is not known what medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; exercise, taking meds	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 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.; List meds here	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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.; Treatment been going on for 6 months and symptoms are worsening; over the counter drugs	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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.; Exercise or pain meds have not helped	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had severe chest and abdominal pain for less than 24 hours. She came into the office today for an examination. She is very tender to the touch in both her abdomen and chest. She has a cough in office, decreased breathe sounds were noted.; 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	previous colostomy that was reversed, sharp pain, tender abdomen, this started 2 weeks ago, shortness of breath, decreased appetite.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having sudden onset severe left side 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 disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	right side pain, complain of persistent pain in right upper quadrant, lower right rib cage localized pain in a 8-10 cm area horizontal, affected by movement and by pressure; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	-SHARP STABBING UPPER ABDOMINAL PAIN GOING ON FOR 2 WEEKS.  -RAISING ARM AGGRAVATES RIGHT SIDE OF ABDOMEN.  -BILE DUCT OBSTRUCTION.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	some gerd, chest pain and pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/7/18; There has not been any treatment or conservative therapy.; chest pain, pressure in the chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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.; 6 weeks low weight barring	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 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 include exercise, prescription medication and follow-up office visits.; home treatment documentation	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 09/10/2018; There has been treatment or conservative therapy.; for the lower back, numbness down the left lower extremity and pain; for the shoulder, it is right upper extremity weakness with extension; Epidural injections, 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 20 years but has been getting worse; There has been treatment or conservative therapy.; Low back pain; Pain management, back 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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, 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	74150 Computed tomography, abdomen; without contrast material	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 a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	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 behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	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.; It is not known if there are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3
General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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 Computed tomography, abdomen and pelvis; without contrast material	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 NOT performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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 Computed tomography, abdomen and pelvis; without contrast material	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	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	3 lab test performed were very low; pt. is reporting rt. upper quad. tenderness, worse when pt. eat or drink. need to determine next course of action x-ray was done; 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

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Complaining of nausea, bloating, back pain, recent colonoscopy (normal); This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Continuous 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 patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	has a cc of abdominal pain x 1 months. she has a stabbing abdominal pain on the right flank that is on and off. episodes last a few minutes, not food related RLQ tenderness and RUQ tenderness; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; low 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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. ; 07/03/2018; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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. ; 10-2017; There has not been any treatment or conservative therapy.; chronic 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 months ago; There has been treatment or conservative therapy.; pain after walking 2miles, xray shows spurring; 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	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 YEARS AGO; There has been treatment or conservative therapy.; DECREASED RANGE OF MOTION, PAIN; MEDICATION, PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Have performed an x-ray.; This is a 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Here for abdominal pain that has been epigastric and LUQ x 2 months. Feels like something is pushing on her abdominal wall on standing up. Has lost 7 lbs since 5/1. Pain has moved more over to her LUQ and radiating down her left side of abdomen. Feels; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hip Pain; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; 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	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	incidental finding of a 2 cm lower abdomen lesion which has been stable as compared with a CT that she had previously. The radiologist is recommending a CT of abdomen with and without contrast every 6 months for the next 2 years to check for stability; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient having severe RLQ pain and hurts to walk ...diarrhea has left but pain is more intense; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient came in today complaining about Pleurisy... chest pain. she complains cant sleep at night... and also of abdominal pain chronic from scale from 1-10 she stated a 8... 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient exhibit's epigastric pain, diarrhea, flatus, nausea, weightloss, increased bowels, tenderness. History of renal calculi and 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 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a previous abdomen and pelvis CT which showed abnormalities in the liver. and needed a follow up. Has a history of breast cancer .; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 >; 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

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 6/7/18; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has abnormal weight loss, history of smoking, abdominal pain, vomiting/nausea, ultrasound showing gallbladder polyps; This study is 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 was seen on 9/5/2018 with complaint of abnormal weight loss. Has noticed a weight loss of 13 pounds in one year, hasn't tried to lose weight. Is a smoker. Gallbladder polyps were seen on abdominal ultrasound in January of 2018 - patient complain; There has been treatment or conservative therapy.; abnormal weight loss, personal history of nicotine dependence, abdominal pain, vomiting, abnormal ultrasound of gallbladder showing polyps.; patient was sent to gastroenterologist for gallbladder polyps, unable to perform surgery d/t not able to get down throat. Ultrasound of thyroid that was performed on 8/31/2018 showed goiter. has been sent to ENT, awaiting office visit to see what he reco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS SEVERE ABDOMEN PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had a Renal US done and showed bilateral kidney lesions. Sending pt to an Urologist, but they are requesting an abdomen and pelvis CT to get a closer look.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	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 not directed a home exercise program for at least 6 weeks.; NORCO MOBIC FENTANYL	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	14
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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.	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She does notes that she has been having quite a bit of abdominal issues with a "bulge" and is concerned about the possibility of a hernia. She had an open cholecystectomy several years ago and reports "such pressure" just above the scar. abdominal pain 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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Tanya K Horn is a female with a known vulvar mass. She first noticed the mass on her labia majora 1.5 years ago. She states the mass has progressively gotten bigger over time with discharge so she sought medical attention. PET CT 7/29/2016 showed a 2.3x2; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology The Pt has been seen three time for pelvic and abdominal pain. Pt als rebound tenderness, discharge, PAP abromal nonsuffcient. another pap in 3 months. Pt has nausea nd vomiting low grade fever x 2 weeks.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	These symptoms have been persistent for the last 2 months.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/05/2018; There has been treatment or conservative therapy.; Swollen lymph nodes, headaches, and fatigue; Doxycycline Hyclate 100 mg tablets  Hydrocodone-Acetaminophen 5-325 mg tablets  Prednisone 20 mg tablets Toradol 10 mg tablets  Bactrim DS 800-160 mg tablets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; PATIENT HAS CHRONIC LOW BACK PAIN; RADICULOPATHY; HEADACHES; CERVICALGIA WORSENING BACK PAIN WITH SITTING; There has been treatment or conservative therapy.; PATIENT HAS CHRONIC LOW BACK PAIN; RADICULOPATHY; HEADACHES; CERVICALGIA; PATIENT HAS COMPLETED PHYSICAL THERAPY AND CURRENTLY GETTING MASSAGES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; Chronic back pain began in pt's early adulthood, first visit discussing this is 7/24/18; There has been treatment or conservative therapy.; Spasm of back muscles, nonspecific pain; Muscle relaxers, 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 01/21/2017; There has been treatment or conservative therapy.; Back pain swelling in knee and pain; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; chronic, over 6 years; There has been treatment or conservative therapy.; Limited ROM and motor difficulty; NSAIDs and Pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; N/A; It is not known if there has been any treatment or conservative therapy.; Mr. Parker is a 52-year-old man with a history of multiple prior surgeries with Dr. Thomas. He had what he describes a herniated disc at L5-S1 which originally he underwent a decompression of microdisc which she did fine with. However he redeveloped left; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; July 23, 2018; There has not been any treatment or conservative therapy.; back, abd and neck pain since the accident. Had CTs done in A2 and reports show no traumatic findings. Pt c/o numbness to bilateral sides neck and left leg. Has nerve conduction appt pending. Pt states numbness has increased. Cervical Spine decreased lle; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	7 weeks of physical therapy, 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 weakness, lower extremity of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray  3 mm anterolisthesis of L5 on S1 will question of pars  interarticularis defects.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray; 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.; stretches, alternate pain meds with heat and ice compressive for 4 to 6 weeks; hydrocodone, Norco 10-325, meloxicam, tramadol	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	arthritis and 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back pain (acute) and limb pain (bilateral leg pain) .  Positive for paresthesia (bilateral lower extremity) , gait: slowed; pain with range of motion in: the 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain Reported by patient. Location: lumbar; pain radiating to the legs Quality: sharp Severity: moderate (5-7) Duration: acute  Context: overuse  Alleviating Factors: rest  Aggravating Factors: movement/positioning; twisting  Associated Symp; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient 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 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 ketones.; 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 Computed tomography, abdomen and pelvis; without contrast material	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 protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; It is not known if the pain is acute or chronic.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	bulging disc, spinal 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.; January 2018; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	bulging l4-l5 mri performed 7 years 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 weakness.; weakness to left 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	C/o spasms, tenderness in joints; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic back pain, radiculopathy lumbosacral region, scoliosis.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic L2 fracture with increasing pain, failed therapy; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic LBP noted. Reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. He characterizes it as intermittent, severe, sharp, and shooting. This is a chronic, but intermittent problem with an acute exacerbation. He states; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic low back pain not relieved by physical therapy and medication. New onset of left leg radiculitis.; The study 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 left leg due to pain radiating down 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic low back; Has had back pain for about 7 years. No injury. Has had MRI's in the past. Showed degenerative changes and severe canal stenosis. Radiates down bilateral legs. No leg weakness. Denies saddle paresthesias or loss of bowel/bladder control; The study 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	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Clinical Indication: LBP w/ radicular pain down both legs. SLR + bilaterally; 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.; Lumbar Spine: Inspection no kyphosis, scoliosis, skin abnormalities, or visible deformity and normal hair pattern. Soft Tissue Palpation on the Left: tenderness of the paraspinal region at L (L1-L5), the iliolumbar region, the gluteus maximus, the gluteus disc displacement or protrusions; This study is being ordered for a neurological disorder.; 03/2018; There has been treatment or conservative therapy.; mid back pain and numbness, left thigh pain, cramping, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Had Surgery; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Has had occasional lower back pain in the past but fell about 2-3 months ago and has had acute lower back pain with lower extremity pain worse on the right. Has been taking daily NSAID for over 3 months and having worsening pain with difficulty standing; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He has had increase pain as he had surgery last year He has had pain down rt leg He has had increasing pain even with home pt as well as otc meds and pain meds. Having arthralgias/joint pain and 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hip Pain; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; 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	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	hx of herniated discs. chronic back pain. worsening. last MRI was in 2016. needs current one to be referred to specialist for further treatment.; 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 not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Joint 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.;  Enter date of initial onset here - or Type In Unknown If No Info Given  It is not known if there has been any treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Location: lumbar; pain radiating to the buttocks (to (R) hip area)  Quality: dull Duration: chronic  Onset/Timing: recurrent episode  Context: overuse  Aggravating Factors: movement/positioning; flexing back  Associated Symptoms: no weak limbs; no n; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Location: lumbar; pain radiating to the buttocks; pain radiating to the legs Quality: sharp Severity: worsening Duration: chronic; acute attack  Onset/Timing: 26 hours ago  Context: overuse  Alleviating Factors: nothing- can't take aleve or ibuprof; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Location: pain radiating to the legs; pain radiates to the left hamstrings  Quality: sharp Severity: same  Duration: acute  Onset/Timing: symptoms have been present for 3 months  Aggravating Factors: movement/positioning; plantar flexion of left foot; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain shoots into Buttock BACK PAIN FOR 2 DAYS, TAKING SKELAXIN, NO RELIEF. SHE HAS DONE MASSAGE AND INVERSION TABLE. back pain has been acute and has been occurring in a persistent pattern for 2 days. The course has been increasing. The back pa; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Member reports 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.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI needed to see neurosurgeon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/02/2018; There has been treatment or conservative therapy.; Chronic neck and back pain; Physical Therapy, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MUSCULOSKELETAL: Examination of his lower back reveals The area of question to be in his right SI joint. Straight leg testing is positive on the right today and negative on the left.  J1100 INJ DEXETHOSONE SODIUM PHOSPHATE 1 MG  96372 THER/PROPH/DIAG INJ.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MVA with air bags deployed 3 years ago; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; will fax; It is not known if there has been any treatment or conservative therapy.; n/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	neck and back pain with 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	neck and lower back 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.; unknown; It is not known if there has been any treatment or conservative therapy.; neck and lower back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Neurological Deficits, Intermediate numbness in leg On physical examination, decrease sensation of left lateral of lower leg. Limited range of motion on lumbar spine. Has completed more than 6 weeks of physical therapy, with no improvements.; The study 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.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	No clinical information; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 weakness.; muscle spasm, sharp 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Not a candidate for surgery or injections. Pain in back is getting worse need MRI to start 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	P has pain, Pt fell getting out of tub in late July, had injection, and pain medications.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain radiating to the buttocks; pain radiating to the legs; pain radiating to the foot; pain radiating to the ankle; right side  worsening; severe (8-10); interference with sleep weak limbs; numbness of the legs/feet; tingling; burning sensation down e; 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 weakness in both arms and 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.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Palpitations and ROM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-9-2018; There has not been any treatment or conservative therapy.; Right hip and groining pain. Low back pain and HX of DVT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient came in with significant back pain and has a history of this.; 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons; It is not known if this study is being requested for abdominal and/or pelvic pain; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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; 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a CT scan in the emergency room suggesting HNP L2-3. Radiologist recommended MRI to confirm diagnosis; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has back and neck 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has been doing 4 weeks of medication, 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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been experiencing lower back pain, radiating down the right side for 18 months. Started after child birth; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has episodes of pain that "brings him to his knees". 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has extensive arthritis in the whole spine and has seen dr. calhoun and he referred him to dr.olaya, pain managemnt. dr.olaya wanted to do shots and he did not wanted to do shots. Patient wants to get pain medications for when necessary use. Patie; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS ORTHOPEDIC DISORDERS OF THE SPINE CERVICAL/LUMBAR SPINE. PATIENT HAS HAD NEUROLOGICAL SURGERY NECK X2. ALSO HAS HAD A CERVICAL FUSION; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; CHRONIC PAIN RADIATING DOWN INTO BILATERAL LOWER EXTREMITIES. THIS CHRONIC PAIN IS CAUSING SLOW UNSTEADY GAIT WITH MODERATE LIMP; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has worsening 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING CHRONIC LOWER BACKPAIN X SEVERAL YEARS THAT IS INCREASING WITH TIME. PATIENT HAS TRIED NSAIDS, CONTROLLED MEDICATIONS WITH NO EFFECTIVENESS. Patient also has chronic neck pain x years with symptoms worsening.; This study is being ordered for a neurological disorder.; 08/11/2017; There has been treatment or conservative therapy.; lower back pain with radiation; He has been given hydrocodone for 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is having increasing pain that now radiates to lower extremities. patient has been taking pain medications and had done physical therapy for this condition with out improvement. patient is unable to work for long periods of time and pain is impeded; The study 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having lower lumbar back pain that is causing right hip pain as well.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having significant pains in both legs, aches are worse in her thighs and somewhat down to her feet. Occasionally a pinprick sensation, worse at rest.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is in severe pain in lumbar region with numbness in legs with certain movement.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient lifted an airplane blade and hurt back, he is having radiculopathy right side. he had CT in the ER and radiologist recommended MRI.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Per MD he wants a MRI to rule out a herniated disk or any nerve root problems.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Per PCP pt has failed conservative management. MRI is mandatory to determine if a neurosurgery consult is needed for this patient.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; 1. Prednisone 10mg (48) -therapy pack, as directed for 12 days, started 6/14/2018  2. Gabapentin 600mg - one BID for nerve pain, started 4/11/2018  3. Tramadol 50mg - 1-2 QID/PRN pain, started 6/14/2018	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	physical therapy and chiropractic care.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Positive for back pain (chronic, since 2008);, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT c/o chronic back pain, pt has c/o of back pain since started coming to our clinic 2016; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt fell 8 weeks ago and has been taking medicine w /no improvement.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt had back surgery 10/2017; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT had CT done 9/11/18 C spine impression: Degenerative spondylosis is present as described most pronounced in C6-7 CT T spine Sever Multilevel DDD w/ Broad-based posterior disc herniation at T 5-6 and T7-8 Resulting in at least moderate multilevel cana; This study is being ordered for a neurological disorder.; Pain started appr. 1 month ago; There has been treatment or conservative therapy.; Back pain radiating into legs,arms and around abdomen.fingers go numb; pt was give Diazepam and Tylenol 3 at ER visit on 9/11/18; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has chronic LBP and right lumbar radiculopathy. Abnormal lumbar xray reveals multilevel lumbar DJD with significant near bone on bone arthritis at L1-2 and L3-4. He also appears to have anterior osteophyte fusion at L1-2 and L3-4.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt has failed anti-inflammatory treatment and has had an xray. needs appt with neurosurgeon which requires an MRI; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has failed anti-inflammatory treatment and has had an xray. needs appt with neurosurgeon which requires an MRI; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt involved in MVA 5 years ago. difficulty moving and twisting. XR unremarkable. Pt has pain in legs and feet. Pt is showing signs of weakness and tingling. Dr. Noted that pt is having tenderness in 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having increased neck, back, right arm/leg 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having increasing back pain. pt has tried physical and conservative therapy with no improvement.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt presented with sudden onset back pain on 08/29/2018. Treated with steroid and muscle relaxer without relief; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt suffers with 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt suffers with 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	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Reports problems with his stomach for few years, ran out of medications a couple of days ago. Just got his Ambetter so thought he would be seen. Also would like something for his back, states has bad disks. Has been through the whole process, had MRI in ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ruptured disk in neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; patient has chronic neck and back pain and has ruptured disk in neck; pt has been on pain medications, NSAIDs and has been told to alter her activities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	severe pain that radiated into left 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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	stiffness, pain while walking, twisting and worsening; The study 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tenderness and spasm in lower back , recent xray which showed defect at 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 not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	7
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	THIS IS THE CASE OF A 33 YO BLK FEMALE WITH HISTORY OF A SPRAIN AND STRAIN OF THE LOW BACK AND WITH CHRONIC LUMBAGO AND SCIATICA FOR MORE THAN ONE YEAR [NOT RESPONSIVE TO PHYSICAL EXERCISE , NOT RESPONSIVE TO MUSCLE RELAXER AND ANALGESIA]; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tried PT, Chiro, meds without relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unk; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more then once for these symptoms.	2

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; The study requested is a Lumbar Spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The physician has not directed conservative treatment for the past 6 weeks; There has been a recurrence of symptoms following surgery; It is not known when the surgery was done; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain; This procedure is being requested for None of the above	6
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	5
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; chronic lower back pain; neuro deficit l leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 01/04/2017; There has been treatment or conservative therapy.; chronic radiating pain, sciatica on the right side; injections, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 04/10/2018; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 6/15/2018; There has been treatment or conservative therapy.; rb pain, neck pain, back pain, numbness in hands and legs; pain medications, anti inflammatory, brace with a pillow while coughing or sitting, overnight stay at Baptist hospital when the trauma happened; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Want to send to neuro surgeon but Dr wants MRI first; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	weakness, intermittent drooling, elevated D Dimer, worsening headaches; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will FAX; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	worsening chronic back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. CT Abd/pelvis of kidneys with and without contrast multiphasic due to recommendation of the radiologist due to a 8 mm nodul in the left kidney that needs further investigation due to pt stillhaving abd/pelvic pain and hematuria IMC; The patient has painful hematuria; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Looking for Nonunion Pelvic FX; 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 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Palpitations and ROM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-9-2018; There has not been any treatment or conservative therapy.; Right hip and groining pain. Low back pain and HX of DVT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	41
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	abnormal xray previous ULTRA degenerative 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.; 6/4/18; There has been treatment or conservative therapy.; pain numbness and tingling; PT meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	low back pain and hip pain, family history of MS and family history of ankylosing spondylitis patient also feels dizzy and feels weak in his legs low back pain is described as aching, stiffness and occasionally sharp pains that radiate down his legs; This is a request for a Pelvis MRI; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	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
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 07/19/2018; There has been treatment or conservative therapy.; mass grown in size over past 2 months in the right clavicle painful; u/s MRI of soft tissue 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	1
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	patient has possible muscle tear; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 09/10/2018; There has been treatment or conservative therapy.; for the lower back, numbness down the left lower extremity and pain; for the shoulder, it is right upper extremity weakness with extension; Epidural injections, 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
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 03/01/2018; There has been treatment or conservative therapy.; Muscle ache, intermittent swelling, shoulder pain, moderate and severe, numbness, weakness, pain radiates from left shoulder to left lower arm.; Nsalds, activity modification, over the counter 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	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 7/26/2018; There has been treatment or conservative therapy.; Weakness in his left hand, history of a fracture and left arm numbness; Medications and seen a orthopedic specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 04/02/2018; There has been treatment or conservative therapy.; Pain in neck and shoulder; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/10/2018; There has been treatment or conservative therapy.; decreased and painful rom; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/26/18; There has been treatment or conservative therapy.; Decreased ROM in both left elbow and knee with inability to bear weight on he left knee.; Pt was xrayed with no abnormalities found. She was then put on conservative therapy of Meloxicam and Tramadol and given at home exercises to complete...patient has been unable to perform at home exercises and current medication treatment is not controlling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Has severe weakness cant use area. Pop in ac region.; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Hepatitis C. Pain in shoulder not improving with limited range of motion.; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	mild wedging shown on x ray, PT, injections; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 09/05/2018; There has been treatment or conservative therapy.; Pain in elbow and shoulder limited ROM swelling; Home exercise arm sling rx 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	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pain in lower back going down his leg to foot, numbing and tingling, L shoulder pain; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; worsening shoulder pain with tingling radiating down arm and leg. 6 weeks; hydrocodone, ibuprofen, tylenol; The patient received medication other than joint injections(s) or oral analgesics.	1

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain Increases with external rotation, abduction, and lifting. The pain is anterior and radiates to the elbow. The pain is constant, sharp, and aching.; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has chronic right shoulder pain. Pt has tried nsaid, prescribed medications, ice/heat with no effect.; The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy.; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ice/heat with no effect; naproxen 500 mg  gabapentin 100 mg tramadol 50 mg; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Surgical intervention possible; 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.; HEP with anti-inflammatory and asprin; Anti-inflammatory and OTC; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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. &	5
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.".; acute shoulder injury 6 weeks ago, unresponsive to OTC NSAIDs and chiropractor, nml x-ray of shoulder in office.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.".; LIMITED RANGE OF MOTION IN LEFT EXTREMITY DUE TO PAIN	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.".; pain left shoulder	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.".; problems with left shoulder, limiting his activity .	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.".; She reports having R shoulder pain, which has been present for 2 years following a fall injury while at the lake. She reports falling off the bumper of a pickup truck and tried to catch herself with her right arm/shoulder on the tailgate. She has had pers	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 injury: He fe1l on the left shoulder 3 month ago.On examination he has pain with abduction, he has limited motion of his upper extremity from a cervical spinal cord injury. Patient does have pain with abduction, weakness with abduction which is	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Type In Unknown If No Info Given. &	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 has a suspected rotator cuff tear	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Unknown	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not an orthopedist.; There is documented findings of severe pain on motion.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 is here for R shoulder pain; pt reports certain movements it causes a sharp pain. Patient reports about 2 weeks ago he fell on it, after that he was carrying a sack of feed in his l shoulder and pulled his weight with his R shoulder. Pt is unsure	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Positive for arthralgias (R SHOULDER	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	35
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 are unknown.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; Yes this is a request for a Diagnostic CT	10
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 8/8/2018; There has been treatment or conservative therapy.; lower abdominal pain, and headache; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Shoulder pain caused from a injury	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not being ordered by an operating surgeon for pre-operative planning.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 8/16/18; There has been treatment or conservative therapy.; severe headaches, laceration on the forehead, muscle spasms, blood shoot eyes and dizzy, broken legs, arm crushed; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	upper abd pain after eating ultrasound gallbladder upper GI CT all 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 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax.; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	2
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Abnormal Labs Type 2 diabetes mellitus without complication, with long-term current use of insulin  Essential hypertension; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	has elevated cholesterol, triglycerides; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Routine adult health maintenance.; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.;	1

General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; None of the above.;	1
General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.; None of the above.; Pt recently had arterial Doppler performed a week ago that indicated pt had possible inflow disease to bilateral both lower legs with right above the knee also, radiologist requested a CTA of abd/pelvis be performed for futher testing	1
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	5
General/Family Practice	Disapproval	77058 Magnetic resonance imaging, 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 known breast lesions; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77058 Magnetic resonance imaging, 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.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Disapproval	77058 Magnetic resonance imaging, 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 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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 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
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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 not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	to see if further surgery is needed; This study is being ordered for trauma or injury.; august 26 2016; There has been treatment or conservative therapy.; chronic right shoulder pain radiating to cervical spine; physical therapy, and controlled medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; Worsening pain & ongoing treatment; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 06/15/2017; There has been treatment or conservative therapy.; Neck pain radiating down left shoulder, unable to turn neck or lift arm.; Anti anti-inflammatory medication, had steroid injections, trigger point injections, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 07/24/2018; There has been treatment or conservative therapy.; patient is having neck and right shoulder pain. he is unable to lift right arm due to pain. he feels like it is weaker. pain is continuously getting worse.; Patient has did physical therapy on both shoulder and neck. patient has tried indomethacin(NSAID) without relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 9/11/18; There has been treatment or conservative therapy.; excruciating pain in the right shoulder and neck; 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	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	left shoulder liberal tear; Is this a request for one of the following? MR Angiogram Upper Extremity	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	7/1/18 patient went to ER for shortness of breath chest tightness, elevated blood pressure, negative findings; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	abnormal; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pains getting worse blood pressure getting higher more frequent; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pains getting worse occurs with activity and at rest hx of palpitations diabetic high bp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ER today, shortness of breath, chest pain and pressure radiating to left arm and pressure of head and neck. PT is a smoker. EKG was negative; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr Tweedy is a 26 yr old male who presents for return visit. History of VF arrest in 2011. Cardiac cath in 2011 revealed normal coronaries. S/P ICD placement. Underwent laser extraction due to infective endocarditis. S/P MDT ICD in 2013. Echo 6/30/17 reve; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient had an episode of substernal chest pain associated with shortness of breath. Increased fatigue and dyspnea on exertion. Family history of heart disease. Smoker.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has htn, chest pain and shortness of breath. He is a life long smoker, 1PPD. 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 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	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX IN; 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	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	been in hospital for days; This study is being ordered for Vascular Disease.; 7/31/2018; There has been treatment or conservative therapy.; pain; hospitalized; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 05/29/2018; There has been treatment or conservative therapy.; swelling x 8 weeks, cellulitis, adema; Antibiotics, ultrasound, xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 07/11/2018; 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	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	3

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient reports radiates to the left arm but reports chest. He reports heaviness. He reports very limiting but reports moderate. He reports exertional and at rest. He reports exertional dyspnea and decrease in exercise capacity. He reports lasts minutes ; 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt w 3+ mos of episodes of pressure in chest w/o radiation, but assoc w fatigue, dyspnea, diaphoresis, nausea, palpitations, and near syncope. episodes can last up to 30 min. pt is adopted w/o family hx. no hx of nicotine. pt not exercising routinely. vss; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recheck of High blood pressure. The symptoms have been associated with dyspnea, family history of hypertension, headache, palpitations and weakness (AND NUMBNESS IN HANDS EVERY MORNING),STILL EXPERIENCING FAST HEART RATE, FEELS FATIGUED AND WORE OUT, FEEL; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Shortness of breath and chest pain with exertion, edema bilateral lower extremities, 35 year history of smoking, CAD in mother.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 cardiac septal defect.	2
General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; A lab test other than an SPEP suggests thier need for ordering this study.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has 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 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 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	2
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1

General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.; X-rays came back abnormal. Osteo arthritis in hips and thoracic spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; 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.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 01/21/2017; There has been treatment or conservative therapy.; Back pain swelling in knee and pain; 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
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; right knee and hip pain; It is not known if there has been any treatment or conservative therapy.; pain in right knee/hip x 1 week. pain is relieved by ice and ibuprofen; MUSCULOSKELETAL: normal gait; tone and strength: 5/5 strength in all major muscle groups; range of motion: decreased ROM of right knee flexion; pain with ROM of right knee; Popping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/26/18; There has been treatment or conservative therapy.; Decreased ROM in both left elbow and knee with inability to bear weight on the left knee.; Pt was xrayed with no abnormalities found. She was then put on conservative therapy of Meloxicam and Tramadol and given at home exercises to complete....patient has been unable to perform at home exercises and current medication treatment is not controlling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	c/o continued pain to left foot/ankle area. Patient has had xrays and lab work all showing normal. Patient states she continues to take her medications with some effectiveness noted. Patient states it has become almost unbearable to walk on. Patient report; 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	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	< 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 signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Patient Smokes 20 Cigarettes Daily, Has Been Smoking For At Least 25 Years, She Gets Short Of Breath With Certain Activities.; 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 FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Pt has a cough and prev 30 pack per yr smoker; 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
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Unknown; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	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.; back pain-6/2018; There has been treatment or conservative therapy.; back pain, middle of the back is numb and tingling radiates to the shoulder blades, nicotine dependence, shortness of breath, vehicle accident 6/2018; oral medication, home therapy 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	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	< 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 ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; It is not known if patient has acute pancreatitis.	1

				< 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 ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses.;" The patient does not have acute pancreatitis.	1
General/Family Practice	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary		
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		The Patient is waking with ptosis of the right eye and having some memory issues. she no longer drives. she also is having the problem that she cannot get words out. Moms side of the family does have a history of strokes 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
Geriatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Geriatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Geriatrics	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	74150 Computed tomography, abdomen; without contrast material		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	1
Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		abnormal weight loss; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	History of abusive relationships.; This study is 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 pain with limited range of motion and pain that radiates down her shoulder and down her arms. Pt has paresthesia in arms and hands. Loss of strength in knee resulting in buckling and falls.; 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
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Joint &#amp; Soft Tissue Pain&#xOD; Reported by patient. &#xOD; Location: left (knee, elbow and shoulder); joint pain &#xOD; Quality: aching; burning; throbbing; sharp; deep; trend is not changing &#xOD; Timing: constant &#xOD; Severity: moderate (to severe) &#xOD; Duration: 7 months &#xOD; Cont; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 8/27/18; There has been treatment or conservative therapy.; knee pain, positive drawer signs, unstable when ambulating; xray, knee brace, hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	on pain medication, no improving; 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.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, immobilization or Physical directed exercise.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	patients pain has increased and is having instability on bilateral knees; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	tendon or ligament injury; This is a request for an Ankle MRI.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	2
Geriatrics	Approval	60297 LOW DOSE CT SCAN 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.	2
Geriatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

Geriatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material			1
Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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 requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			2
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		3. Re-staging scans and BD yearly next due 06/18. Last 6/2017.; 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 Computed tomography, head or brain; without contrast material		CT scan head, chest, abdomen, pelvis and bone scan for restaging at CCC; 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 Computed tomography, head or brain; without contrast material		Malignant neoplasm of lower lobe, right bronchus or lung; 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 Computed tomography, head or brain; without contrast material		Malignant neoplasm of upper lobe, right bronchus or lung; 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 Computed tomography, head or brain; without contrast material		Patient has oral chemo 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	70450 Computed tomography, head or brain; without contrast material		RE-STAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		RE-STAGING; 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 Computed tomography, head or brain; without contrast material		Schedule restaging scans q 6 months. Last 2/23/18; 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 Computed tomography, head or brain; without contrast material		Schedule re-staging scans yearly. Last 6/2017.; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; Instability	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; Limited range of motion	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	2

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	10
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were normal.; The patient has NOT had any abnormal lab studies.	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.	5
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	See 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.; 5-10 years ago (see clinical); It is not known if there has been any treatment or conservative therapy.; Bilateral Hip Pain, Chronic Low 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	2
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	5
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; Pain in hips, arthritis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal liver test; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain of uncertain etiology; This study is 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 states symptoms began after breast augmentation; There has not been any treatment or conservative therapy.; chest pain, abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Liver - Abnormal Ultrasound; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Lower abdominal pain going on for six months, throbbing pain that radiates into the testicles; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a history of hysterectomy due to endometriosis that spread into abdomen causing several bowel resections. Patient is having several abdomen and flank pain. Patient has tried PT thinking it was back pain and OTC medications with no relief. Pati; 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	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presented with abdominal pain. Patient has a knot above navel that looks to be an umbilical hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient presenting with right upper quadrant tenderness; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with fall about 6 weeks ago. Still having posterior distal rib pain and flank pain.; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has a hard spot in the stomach; 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
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt needs to be referred to Springhill radiology department for a CT scan due to right lower quadrant pain and tenderness. This is urgent. R10.31; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt passing blood and has gastroparesis. Additional diagnosis code: K92.1.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 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
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	upper right quadrant 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 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 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Will FAX; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	been in hospital for days; This study is being ordered for Vascular Disease.; 7/31/2018; There has been treatment or conservative therapy.; pain; hospitalized; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material	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 exam.; 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 Computed tomography, abdomen and pelvis; without contrast material	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 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 Computed tomography, abdomen and pelvis; without contrast material	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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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 Computed tomography, abdomen and pelvis; without contrast material	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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10 day late on period and not pregnant; This is a 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	42 year old black female presents today with itching to arms and legs. She states it has been ongoing for about 3 years. She denies any new changes in soaps, lotions or detergents. She has switched to fragrance free products and does put perfume on her b; This study is being ordered for inflammatory/ Infectious Disease.; 01/01/2015; There has been treatment or conservative therapy.; 42 year old black female presents today with itching to arms and legs. She states it has been ongoing for about 3 years. She denies any new changes in soaps, lotions or detergents. She has switched to fragrance free products and does put perfume on her b; 42 year old black female presents today with itching to arms and legs. She states it has been ongoing for about 3 years. She denies any new changes in soaps, lotions or detergents. She has switched to fragrance free products and does put perfume on her b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain (more discomfort in the epigastric region); excess gas; diarrhea; heartburn; belching.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Concerning abdominal pain, unspecified, this is located primarily in the left upper quadrant. It began years ago. He characterizes it as aching. Aggravating factors include meals and movement in general. Pertinent surgical history includes prior abdo; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Constitutional: Constitutional: no fever, night sweats, or significant weight gain and weight loss (30 lbs).  Eyes: Eyes: no irritation, dry eyes, vision change, or eye disease/injury.  ENMT: Ears: no difficulty hearing.  Cardiovascular: Cardiovascu; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	fever; frequency; dysuria; urine odor pH  6.00 abnormal; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	frequent UTI 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.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pt had an abdominal xray in office and showed kidney stones, needing a ct of abd/pelvis to check on the 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 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	right lower quadrant pain, Patient describes pain as sharp, rating it at 7/10. Patient reports area is tender to palpation, Patient denies fever, vomiting, nausea, Onset of symptoms x 1 day, Patient has concerns of appendicitis.   pt having increase hea; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RUQ Abdominal pain with vomiting.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She has bloating to the abdomen and severe 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 glucose.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	3
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; One of 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	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		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
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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	70486 Computed tomography, maxillofacial area; without contrast material		There are 2 exams are being ordered.; One of 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 Computed tomography, soft tissue neck; without contrast material		⁢ 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	70490 Computed tomography, soft tissue neck; without contrast material		; 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 Computed tomography, soft tissue neck; without contrast material		3. Re-staging CT's q 6 months. Last 1/5/18.; 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 Computed tomography, soft tissue neck; without contrast material		Restaging with continued complaints of dizziness and headaches.; 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 Computed tomography, soft tissue neck; without contrast material		RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		RE-STAGING; 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	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of 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	16
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	58
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	18
Hematologist/Oncologist	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of 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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	3
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Squamous cell carcinoma of left true vocal cord (glottic larynx), T1; "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
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 2 exams are being ordered.; One of 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		⁢ 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		CONFUSION FOR 6 WEEKS PROGRESSIVELY WORSENING FOR 2 WEEKS  BLURRY VISION FOR 1 MONTH; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		CT scan chest, abdomen, pelvis and bone scan and MRI brain for restaging and response to therapy; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		He completed 4 cycles of cisplatin and etoposide and concurrent radiation on 9/1/2018.; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		history of cancer, restaging, ongoing 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Malignant neoplasm of upper lobe, right bronchus or lung; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RESPONSE TO TREATMENT; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RE-STAGING; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Return for Imaging: CT CAP, BS and MRI brain to evaluate response to therapy; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Return for imaging: MRI brain and CT chest, abdomen, pelvis and bone scan next available to evaluate headaches, malaise and restaging.; 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 Computed tomography, abdomen and pelvis; without contrast material	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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	22

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	31
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Return for imaging:Schedule MRI Brain, CT chest, abdomen and pelvis and bone scan @ Saline for initial staging of disease; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; One of 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	16
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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	12
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 been completed to determine tumor tissue type.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		< 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	9
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		. Schedule re-staging scans q 6 months. Last CCC 12/11/17.; 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 Computed tomography, thorax; without contrast material		; 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		2. Schedule re-staging PET/CT as indicated. Last on 1/23/18.; 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 Computed tomography, thorax; without contrast material		3. Schedule re- staging CT's and BS q 6 months. Last 1/8/19.; 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 Computed tomography, thorax; without contrast material		3. Schedule re-staging CTs for in 4 weeks on 6/19/18. Last 4/6/18.; 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 Computed tomography, thorax; without contrast material		8. Follow up CTs at BMC as indicated to evaluate for recurrent disease. Last MRI abdomen 2/18; 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 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	21
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		CA 19-9 has risen. Needs repeat CT HCAP this week prior to visit on Monday 7/16. Tell our radiologists scans need to be compared to BMC films (CT with contrast and MRI) 5/2018.; 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 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		COLON CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		CT chest abdomen pelvis and if there is some suggestion of locally advanced disease then I would revisit this and possibly give her dose dense AC followed by Taxol.; 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 Computed tomography, thorax; without contrast material		CT scans neck, chest, abdomen, pelvis for re-staging CLL prior to return visit.; 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 Computed tomography, thorax; without contrast material		desmold fibromatosis.; 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 Computed tomography, thorax; without contrast material		endometrial cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		evaluate for progression of metastatic melanoma; 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 Computed tomography, thorax; without contrast material		EVALUATION; 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 Computed tomography, thorax; without contrast material		He will have a CT C/A/P and bone scan prior to his next exam to evaluate treatment response of his RCC.; 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 Computed tomography, thorax; without contrast material		INITIAL STAGE 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	71250 Computed tomography, thorax; without contrast material		INITIAL STAGING; 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 Computed tomography, thorax; without contrast material		leukemia; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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.; It is unknown if there has been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; 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 Computed tomography, abdomen and pelvis; without contrast material	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.; 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was 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 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	24
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		liposarcoma; 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 Computed tomography, thorax; without contrast material		Malignant melanoma of right upper limb, including shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Malignant neoplasm of lower lobe, right bronchus or lung; 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 Computed tomography, thorax; without contrast material		Malignant neoplasm of upper lobe, right bronchus or lung; 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 Computed tomography, thorax; without contrast material		melanoma; 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 Computed tomography, thorax; without contrast material		Multiple nodules of lung; "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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		na; 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 Computed tomography, thorax; without contrast material		newly diagnosed breast cancer, scans for initial 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 results are unknown.; 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	10
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	24
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	12
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Other nonspecific abnormal finding of lung field; 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Patient has oral chemo 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 Computed tomography, thorax; without contrast material		Personal history of malignant neoplasm of oth prt uterus.; 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 Computed tomography, thorax; without contrast material		Pt has colon cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Pt suffers with colon and prostate cancer restaging after therapy.; 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 Computed tomography, thorax; without contrast material		pt with B Cell Lymphoma. Has received chemotherapy. Restaging cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		pt with known history of 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	71250 Computed tomography, thorax; without contrast material		restage testicular cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		restaging and response to therapy.; 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 Computed tomography, thorax; without contrast material		Re-staging CT's and BS at BMC q 6 months. Last BMC on 1/19/18.; 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 Computed tomography, thorax; without contrast material		restaging post chemotherapy. Previous scan showed: Few reactive lymph nodes are seen in bilateral axillae.; 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 Computed tomography, thorax; without contrast material		RESTAGING SCANS.; 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 Computed tomography, thorax; without contrast material		RESTAGING SCANS.; 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 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	work up for severe Hypertension; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; 6/8/2018; There has not been any treatment or conservative therapy.; liver lesion, lower abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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 not had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	2
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a CT scan for evaluation of coronary calcification.	2
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Cardiac Chest pain and Hypokalemia; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Essential hypertension abnormal lab  Chol too high for diabetic check for plaque buildup  long-term current use of insulin; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	76380 Computed tomography, limited or localized follow-up study	Radiology Services Denied Not Medically Necessary	Left lower quadrant pain on going for 1 month. US abdomen came back with diagnosis of Hepatic steatosis. The pain was intermittent and occurred mostly with walking. The pain has progressed to the point now it occurs more frequently, is somewhat more inte; Limited or Follow up other than Sinus CT; Pelvis	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	< 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; 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 male.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	2

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; 8/1/18 when chest pain started, swelling 8/7/18; It is not known if there has been any treatment or conservative therapy.; ecg: left atrial abnormality, having chest pain that radiates to the jaw, having swelling in lower extremities, hx of cad, stent x1, copd, htn, hyperlipidemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain and palpitations, 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain radiating to jaw and neck, occurs at rest. EKG was abnormal showing. Has a strong family history of heart disease.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CHEST PAIN; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pains are getting worse; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ER visit from 7-3. pt was seen at NW-b and treated for chest pain...PT IS DIABETIC. HYPERTENSION HX ASTHMA,Sarcoidosis, pulmonary.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	left sided sharp chest pain, family history of CAD, Current 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pain that radiates into the left arm and extreme dizziness, EKG was abnormal; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has Cigarette dependence; History of hepatitis C; Gastroesophageal reflux disease with esophagitis; Dyslipidemia; Chronic right shoulder pain; Chronic right-sided low back pain with right-sided sciatica; Barrett's esophagus without dysplasia; Snor; 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is having chest pain that eases with medication.; 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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient presents for ER follow up after a syncopal episode on 7/19. He was evaluated in the ER that day. He was found to have orthostasis at the ER. I have reviewed their records. He was given a liter or fluids and has felt fine since that time. He has no; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has complaints of chest pain with normal ekg in office. history of hypertensive disorder, hyperlipidemia and obesity. Family history of heart problems.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Tachycardia Abnormal EKG; Essential hypertension; 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		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 Computed tomography, thorax; without contrast material		Return for imaging: CT CAP, BS and MRI brain to evaluate response to therapy; 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 Computed tomography, thorax; without contrast material		Return for imaging:Schedule MRI Brain, CT chest, abdomen and pelvis and bone scan @ Saline for initial staging of disease; 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 Computed tomography, thorax; without contrast material		Schedule CT CAP and bone scan @ Bradley County Medical Center for restaging of disease; 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 Computed tomography, thorax; without contrast material		Schedule re-staging scans yearly. Last 6/2017.; 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 Computed tomography, thorax; without contrast material		She will have an MRI brain and CT C/A/P prior to her next exam to continue to monitor her lung cancer with brain metastasis.; 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 Computed tomography, thorax; without contrast material		SOLITARY PULMONARY NODULE; 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		STAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		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	140
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		will fax in clinicals; 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 Computed tomography, thorax; without contrast material		worsening adenopathy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		There are 2 exams are being ordered.; One of 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	7
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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	10
Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material		There are 2 exams are being ordered.; One of 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 Computed tomography, lumbar spine; without contrast material		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	72131 Computed tomography, lumbar spine; without contrast material		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
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		⁢ Enter answer here - or Type in Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; ⁢Enter Additional Clinical Information>	1

Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 2 exams are being ordered.; One of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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	25
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			1
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Brain tumor; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 known or suspected coronary artery disease	7
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
General/Family Practice	Disapproval	78813 Positron emission tomography (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 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 >; 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	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; 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
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	3
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	LUNG CANCER SCREENING WITH THE LOW-DOSE CT. PT IS TRYING TO QUIT SMOKING AND WOULD LIKE TO THIS TEST; 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	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	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.	1
General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	&It; 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
General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	DR. MCDONALD IS REQUESTING MRCP FOR CHRONIC POSTPRANDIAL RUQ PAIN AND PT HAD ULTRASOUND IN MARCH SHOWING GALLSTONES; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		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
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		INCREASE PAIN, HIP AND PELVIC PAIN, ELEVATED PSA  04/25/18 WAS 193 06-25-18 WAS 486 PAIN MED NOT HELPING.; 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 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
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			1
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; One of 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	12
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	18
Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity, without contrast material		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	3
Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There are 2 exams are being ordered.; One of 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	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	11

Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Right shoulder pain. We will make arrangements for ultrasound of right shoulder and MRI. Patient to make follow-up appointment with Dr. Mackey in 1 week.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; 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
Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; Known Tumor	1
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		VILLONODULAR SYNOVITIS LEFT KNEE; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		There are 2 exams are being ordered.; One of 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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 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
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		< 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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		< 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.; Which organ is enlarged? Spleen; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		PANCREATIC MASS WITH ABD PAIN AND 70 POUND WEIGHT LOSS.; 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 Computed tomography, abdomen; without contrast material		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	7
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		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 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	2
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		2. Re-staging CT C/A/P and BS in 6 months. Scan results same day.; 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 Computed tomography, abdomen and pelvis; without contrast material		3. Re-staging scans and BD yearly next due 06/18. Last 6/2017.; 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 Computed tomography, abdomen and pelvis; without contrast material		3. Re-staging scans yearly with BD. Last CARTI 6/17.; 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 Computed tomography, abdomen and pelvis; without contrast material		7/26 RTC rescheduled to 8/2 . Pet was denied. CT ncap bone scan scheduled just prior to RTC Per Dr Harrington.; 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 Computed tomography, abdomen and pelvis; without contrast material		accessing the Stability of sarcoidosis.; 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 Computed tomography, abdomen and pelvis; without contrast material		BASELINE; 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 Computed tomography, abdomen and pelvis; without contrast material		COLON 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	74176 Computed tomography, abdomen and pelvis; without contrast material		CT scan chest, abdomen, pelvis for restaging and response to therapy; 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 Computed tomography, abdomen and pelvis; without contrast material		CT scan head, chest, abdomen, pelvis and bone scan for restaging at CCC; 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 Computed tomography, abdomen and pelvis; without contrast material		CT scans neck, chest, abdomen, pelvis for re-staging CLL prior to return visit.; 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 Computed tomography, abdomen and pelvis; without contrast material		desmoid fibromatosis.; 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 Computed tomography, abdomen and pelvis; without contrast material		evaluate for progression of metastatic melanoma; 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 Computed tomography, abdomen and pelvis; without contrast material		Has been going on for over a year, is having severe 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		INITIAL STAGE 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	74176 Computed tomography, abdomen and pelvis; without contrast material		INITIAL STAGING; 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 Computed tomography, abdomen and pelvis; without contrast material		leukemia; 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 Computed tomography, abdomen and pelvis; without contrast material		liposarcoma; 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 Computed tomography, abdomen and pelvis; without contrast material		Lung ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Geriatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	74176 Computed tomography, abdomen and pelvis; without contrast material		critical value K 2.8  Presents to clinic with complaints of epigastric pain, diarrhea, constipation, yellow stools, eye swelling and leg cramps; This is a 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
Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; There is laboratory or physical evidence of an intra-abdominal bleed.; 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
Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; 2 months ago; There has not been any treatment or conservative therapy.; memory issues, neck and head pain, sharp pain last for a minute; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Geriatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.; 2 months ago; There has not been any treatment or conservative therapy.; memory issues, neck and head pain, sharp pain last for a minute; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gynecologic Oncology	Approval	70450 Computed tomography, head or brain; without contrast material			1
Gynecologic Oncology	Approval	70490 Computed tomography, soft tissue neck, without contrast material			1
Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		; 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
Gynecologic Oncology	Approval	71250 Computed tomography, thorax, without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Gynecologic Oncology	Approval	72125 Computed tomography, cervical spine; without contrast material			1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Malignant melanoma of right upper limb, including shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of lower lobe, right bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of upper lobe, right bronchus or lung; 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 Computed tomography, abdomen and pelvis; without contrast material	melanoma; 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 Computed tomography, abdomen and pelvis; without contrast material	newly diagnosed breast cancer, scans for initial 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has oral chemo 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Personal history of malignant neoplasm of oth prt uterus.; 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 Computed tomography, abdomen and pelvis; without contrast material	pt with B Cell Lymphoma. Has received chemotherapy. Restaging 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	74176 Computed tomography, abdomen and pelvis; without contrast material	pt with known history of 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	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGE BLADDER CANCER AFTER COMPLETION OF A CHEMOTHERAPY CYCLE TO DETERMINE NEED FOR FURTHER TREATMENT.; 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 Computed tomography, abdomen and pelvis; without contrast material	restage testicular 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	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging and response to therapy; 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 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging CT chest, abdomen, and pelvis for non-small cell lung cancer to see if current treatment is effective or needs to be changed.; 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 Computed tomography, abdomen and pelvis; without contrast material	Restaging CT scan for lung cancer to determine if current treatment should be continued or changed.; 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 Computed tomography, abdomen and pelvis; without contrast material	Restaging CT scan for patient's colon cancer. To determine the status of patient's cancer and if current treatment is adequate or needs to be changed.; 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 Computed tomography, abdomen and pelvis; without contrast material	Restaging CT scan to determine if current treatment is adequate, or if it needs to be changed in order to properly treat patient's colon 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging of Pancreas CA; 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 Computed tomography, abdomen and pelvis; without contrast material	Restaging scan for patient with non-Hodgkin's lymphoma who is experiencing some swelling in right thigh region.; 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 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING SCANS; 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 Computed tomography, abdomen and pelvis; without contrast material	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	74176 Computed tomography, abdomen and pelvis; without contrast material	RE-STAGING; 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 Computed tomography, abdomen and pelvis; without contrast material	Return for imaging: MRI brain and CT chest, abdomen, pelvis and bone scan next available to evaluate headaches, malaise and 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Schedule re-staging scans yearly. Last 6/2017.; 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 Computed tomography, abdomen and pelvis; without contrast material	she had an MRI of the abdomen performed on 6/18/18 Mercy Hospital demonstrated any evidence of a centrally enhancing mass with washout in segment 4A of the liver thought to represent a hepatic adenoma. An aggressive liver lesion was not excluded. Short.; 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 Computed tomography, abdomen and pelvis; without contrast material	She will have a CT C/A/P prior to her next exam to evaluate treatment response for pancreatic cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	STAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	endocervix, biopsy at 5'clock position: Invasive squamous cell carcinoma, moderately well differentiated. the invasive squamous cell carcinoma invades through the full thickness of the biopsy(depth of invasion at least 4mm); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material				4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			; 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 this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is 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
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			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
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			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
Gynecologic Oncology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral			; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body			endocervix, biopsy at 5'clock position: Invasive squamous cell carcinoma, moderately well differentiated. the invasive squamous cell carcinoma invades through the full thickness of the biopsy(depth of invasion at least 4mm); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Gynecologic Oncology	Disapproval	78813 Positron emission tomography (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 Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			. Schedule re-staging scans q 6 months. Last CCC 12/11/17.; 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 Computed tomography, head or brain; without contrast material			; 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
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			2. Schedule re-staging PET/CT as indicated. Last on 1/23/18.; 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 Computed tomography, head or brain; without contrast material			3. Re-staging scans yearly with BD. Last CARTI 6/17.; 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 Computed tomography, head or brain; without contrast material			3. Schedule re- staging CT's and BS q 6 months. Last 1/8/19.; 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 Computed tomography, head or brain; without contrast material			CA 19-9 has risen. Needs repeat CT HCAP this week prior to visit on Monday 7/16. Tell our radiologists scans need to be compared to BMC films (CT with contrast and MRI) 5/2018.; 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 Computed tomography, head or brain; without contrast material			Pt suffers with colon and prostate cancer restaging after therapy; 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 Computed tomography, head or brain; without contrast material			RESTAGING   Malignant neoplasm of upper-outer quadrant of right female breast; 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 Computed tomography, head or brain; without contrast material			RESTAGING SCANS DURING ONGOING TREATMENT TO ACCESS RESPONSE TO TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	16
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			STAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			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	46
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material			This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material			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	70486 Computed tomography, maxillofacial area, without contrast material			This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immunocompromised.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area, without contrast material			This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material				1
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material			&t; Enter answer here - or Type in Unknown if No Info Given. &t; 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 Computed tomography, soft tissue neck; without contrast material			7/26 RTC rescheduled to 8/2 . Pet was denied. CT ncap bone scan scheduled just prior to RTC Per Dr Harrington.; 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 Computed tomography, soft tissue neck; without contrast material		BASELINE; 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 Computed tomography, soft tissue neck; without contrast material		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	70490 Computed tomography, soft tissue neck; without contrast material		CT N/C (to continue to monitor him secondary to his history of head and neck cancer), and exam.; 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 Computed tomography, soft tissue neck; without contrast material		CT scans neck, chest, abdomen, pelvis for re-staging CLL prior to return visit.; 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 Computed tomography, soft tissue neck; without contrast material		pt with B Cell Lymphoma. Has received chemotherapy. Restaging 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	70490 Computed tomography, soft tissue neck; without contrast material		RESPONSE TO THERAPY; 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 Computed tomography, soft tissue neck; without contrast material		Restaging CT for cutaneous melanoma.; 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 Computed tomography, soft tissue neck; without contrast material		Return for imaging: CT n/c w/ contrast at CCC; 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 Computed tomography, soft tissue neck; without contrast material		Return for Imaging: Schedule CT N, CAP at CARTI for restaging this month; 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 Computed tomography, soft tissue neck; without contrast material		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 therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of 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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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	9
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		A comprehensive 14 system review was negative except for: Hematologic/lymphatic: positive for diffuse lymphadenopathy; pain in left mandible.; 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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Brain tumor; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		going to be starting chemo therapy, staging; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Lung ca; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Malignant neoplasm of lower lobe, right bronchus or lung; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		melanoma; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI Brain to evaluate left temporal headaches - STAT.; 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.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient called the office complaining of severe ongoing 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Primary R91.8 Other nonspecific abnormal finding of lung field; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		She will have an MRI brain and CT C/A/P prior to her next exam to continue to monitor her lung cancer with brain metastasis.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	2
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	52
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	11
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unk; 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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 not a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		"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	3
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		< 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 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		2. Re-staging CT C/A/P and BS in 6 months. Scan results same day.; 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 Computed tomography, thorax; without contrast material		3. Re-staging CT's q 6 months. Last 1/5/18.; 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 Computed tomography, thorax; without contrast material		3. Re-staging scans and BD yearly next due 06/18. Last 6/2017.; 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 Computed tomography, thorax; without contrast material		3. Re-staging scans yearly with BD. Last CARTI 6/17.; 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 Computed tomography, thorax; without contrast material		5. Schedule re-staging scans week of 7/9/18 then q 3 months. Last 4/13/18 at CCC. Had MRI CCC 6/12/18.; 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 Computed tomography, thorax; without contrast material		7/26 RTC rescheduled to 8/2 . Pet was denied. CT ncap bone scan scheduled just prior to RTC Per Dr Harrington.; 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 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	25
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	24

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		accessing the Stability of sarcoidosis.; 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 Computed tomography, thorax; without contrast material		Assess for progression of disease, colon cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		COLON CANCER.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		CT C/A/P prior to his next exam to evaluate his RCC.; 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 Computed tomography, thorax; without contrast material		CT N/C (to continue to monitor him secondary to his history of head and neck cancer), and exam.; 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 Computed tomography, thorax; without contrast material		CT scan chest, abdomen, pelvis and bone scan and MRI brain for restaging and response to therapy; 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 Computed tomography, thorax; without contrast material		CT scan chest, abdomen, pelvis for restaging and response to therapy; 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 Computed tomography, thorax; without contrast material		CT scan head, chest, abdomen, pelvis and bone scan for restaging at CCC; 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 Computed tomography, thorax; without contrast material		Current smoker, cessation strongly encouraged again 7/30/18. Will obtain non-contrast CT Chest 7/2018 given unintentional weight loss, cough and smoker.; 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Follow to chemotherapy, check 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	71250 Computed tomography, thorax; without contrast material		Left chest wall discomfort, some phlegm, left shoulder discomfort, fatigue; 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 Computed tomography, thorax; without contrast material		Lung ca; 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 Computed tomography, thorax; without contrast material		Malignant neoplasm of lower lobe, right bronchus or lung; 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 Computed tomography, thorax; without contrast material		Metastasis Melanoma. 7/7/18 CT. 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 Computed tomography, thorax; without contrast material		neuroendocrine tumor.; 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 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	10
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for a congenital abnormality; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		PAIN; 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 Computed tomography, thorax; without contrast material		Patient newly diagnosed with colon cancer. Chest CT for initial staging for metastasis and/or secondary 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	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		pet scan done 5/9/2018; "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 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Pt has rising tumor markers; 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 Computed tomography, thorax; without contrast material		RESPONSE TO THERAPY; 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 Computed tomography, thorax; without contrast material		RESPONSE TO TREATMENT; 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 Computed tomography, thorax; without contrast material		RESTAGE BLADDER CANCER AFTER COMPLETION OF A CHEMOTHERAPY CYCLE TO DETERMINE NEED FOR FURTHER TREATMENT.; 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 Computed tomography, thorax; without contrast material		RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Restaging CT chest, abdomen, and pelvis for non-small cell lung cancer to see if current treatment is effective or needs to be changed.; 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 Computed tomography, thorax; without contrast material		Restaging CT scan for lung cancer to determine if current treatment should be continued or changed.; 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 Computed tomography, thorax; without contrast material		Restaging CT scan for patient's colon cancer. To determine the status of patient's cancer and if current treatment is adequate or needs to be changed.; 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 Computed tomography, thorax; without contrast material		Restaging CT scan to determine if current treatment is adequate, or if it needs to be changed in order to properly treat patient's colon cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		restaging for metastatic staging; 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 Computed tomography, thorax; without contrast material		Restaging of Pancreas CA; 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 Computed tomography, thorax; without contrast material		Restaging scan for patient with non-Hodgkin's lymphoma who is experiencing some swelling in right thigh region.; 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 Computed tomography, thorax; without contrast material		RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Restaging with continued complaints of dizziness and headaches.; 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 Computed tomography, thorax; without contrast material		RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	33
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		RE-STAGING; 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	71250 Computed tomography, thorax; without contrast material		RE-STAGING; 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	71250 Computed tomography, thorax; without contrast material		Return for imaging: CT n/c w/ contrast at CCC; 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 Computed tomography, thorax; without contrast material		Return for imaging: MRI brain and CT chest, abdomen, pelvis and bone scan next available to evaluate headaches, malaise and 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 Computed tomography, thorax; without contrast material		Return for imaging: Schedule CT N, CAP at CARTI for restaging this month; 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 Computed tomography, abdomen and pelvis; without contrast material		staging, ovarian; 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 Computed tomography, abdomen and pelvis; without contrast material		Surveillance of rectal 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	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; One of 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	362
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	28
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	5
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is 50 years or older.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		We will recheck CT scans of the chest, abdomen, and pelvis prior to this exam to continue to monitor the status of her disease and response to treatment.; 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 Computed tomography, abdomen and pelvis; without contrast material		will fax in clinically; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		metastatic adenocarcinoma of the colon: stage iv sigmoid colon resected with disease known in the liver. he is 10 yrs out from original surgery and dx. pt due for his 3month follow up scan.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Splenomegaly, H/o portal vein thrombosis. worsening abdomen pain; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; One of 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	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.; It is not known if there are plain film or ultrasound evidence of vascular abnormality.; The patient is hypertensive and unresponsive to drug therapy.; EVALUATE PORTAL VEIN THROMBOSIS	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" EVALUATION	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Patient has colon cancer metastatic to liver and has been receiving oral Xeloda. Needs follow up MRI for liver metastasis.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"	2
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" We arranged for a CT PET scan which was performed on June 29, 2018. There was no obvious evidence of distant metastatic disease. There is left sphenoid sinusitis, there is a mild thickened nodular appearance of left adrenal gland, not grossly masslike,	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Ms. Morgan is a very pleasant 59 year old female who presents to the clinic today for continued evaluation and management of her retroperitoneal fibrosis	1
Hematologist/Oncologist	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	2
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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 suspected implant rupture.	1
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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).	2
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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.	7
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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.	7
Hematologist/Oncologist	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		There are 2 exams are being ordered.; One of 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	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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	3
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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 blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient has not had a previous MUGA scan.; pt with multiple myeloma, s/p high dose chemo with stem cell collection. needs muga prior to stem cell transplant	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.;	10
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; This patient presented with palpating a lesion near one of the leads of a Holter monitor which was placed on her chest. This lead to a mammogram and an ultrasound. She had an ultrasound-guided biopsy of a right retroareolar breast nodule which identify	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.;	2
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.;	2
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.; She is currently on Herceptin and Perjeta every 3 weeks.	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.; chemo starts 7/12/2018	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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 no documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; There are no documented clinical findings consistent with a cardiac congenital abnormality.; She had a MUGA SCAN, 3-16-2018, ejection fraction of 82 %	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		history of cancer, restaging, ongoing 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	78813 Positron emission tomography (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	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 recurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 recurrence 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a recurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 recurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Return to imaging: CT C/A/P w contrast at CCC prior to next appointment; 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 Computed tomography, thorax; without contrast material	RISE IN CEA; 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 Computed tomography, thorax; without contrast material	Schedule restaging scans q 6 months. Last 2/23/18; 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 Computed tomography, thorax; without contrast material	Secondary malignant neoplasm of liver and intrahepatic bile duct Secondary malignant neoplasm of unspecified lung; 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 Computed tomography, thorax; without contrast material	she had an MRI of the abdomen performed on 6/18/18 Mercy Hospital demonstrated any evidence of a centrally enhancing mass with washout in segment 4A of the liver thought to represent a hepatic adenoma. An aggressive liver lesion was not excluded. Short; 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 Computed tomography, thorax; without contrast material	She will have a CT C/A/P prior to her next exam to evaluate treatment response for pancreatic cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		staging, ovarian; 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 Computed tomography, thorax; without contrast material		Surveillance of rectal cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; One of 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	393
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		They are anticipating she start Remicade soon. Since she is having increased abdominal pain, and her last scan was in December. She will have a CT C/A/P soon for further evaluation.; 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 Computed tomography, thorax; without contrast material		We will recheck CT scans of the chest, abdomen, and pelvis prior to this exam to continue to monitor the status of her disease and response to treatment.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of 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 Positron emission tomography (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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		& Enter answer here - or Type In Unknown If No Info Given. &; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		going to be starting chemo therapy, staging; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		Lung ca; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		Malignant neoplasm of lower third of esophagus   Encounter for screening for malignant neoplasm of prostate; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		Mr. Williams has a history of metastatic prostate cancer to bone diagnosed 10/07/2014. He was started on someta and lupron which he got once, according to patient and due to financial reasons he could not afford to take Lupron. PSA on 3/15/2017 was 2974 c; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RE-STAGING; 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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Ovarian or Esophageal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Lymphoma or Myeloma.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a recurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 recurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 recurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 recurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a recurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a recurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Head/Neck Cancer.; The patient has Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Melanoma.; This is NOT for evaluation of regional lymph nodes.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1

Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN 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.	2
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	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
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	3. Schedule re-staging CTs for in 4 weeks on 6/19/18. Last 4/6/18.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal lung screen; 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 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	PT IS HAVING HOARSENESS AND INCREASED MUCUS PRODUCTION, WORRISOME FOR A POSSIBLE MALIGNANCY. PT DOES HAVE A LONG STANDING HISTORY OF SMOKING; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	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	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	BASELINE; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Encntr for follow-up exam after trmt for malignant neoplasm; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate treatment response; colon cancer.; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of lower third of esophagus   Encounter for screening for malignant neoplasm of prostate; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	8
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pancreatic mass with liver lesions.; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient referred to us by Dr. Fakouri for dermatomyositis and to r/o malignancy/neoplasm. History of psoriasis and rash. He has tried ointments and creams with no relief. Will order CTs c/a/p prior to visit if approved by insurance to r/o underlying malig; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She will have a CT C/A/P soon to evaluate her weight loss, DVT and rule out occult malignancy.; 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 Computed tomography, thorax; without contrast material	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	6
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	1
Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	1
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	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	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate treatment response; colon cancer.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	INITIAL STAGING 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	new RUQ pain; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient referred to us by Dr. Fakouri for dermatomyositis and to r/o malignancy/neoplasm. History of psoriasis and rash. He has tried ointments and creams with no relief. Will order CTs c/a/p prior to visit if approved by insurance to r/o underlying malignancy.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS DURING ONGOING TREATMENT TO ACCESS RESPONSE TO TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	6
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	9
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	3

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	2
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	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	1
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (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 NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a recurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	Enctnr for follow-up exam after trtmt for malignant neoplasm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	STAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Colo-rectal Cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Breast 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Low dose lung screening for current smoker with 30 pack year history.; 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
Hospital	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Industrial Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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).	1
Infectious Diseases	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1
Infectious Diseases	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Infectious Diseases	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; 7 months ago; There has been treatment or conservative therapy.; fever; 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	1
Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Disapproval	73200 Computed tomography, upper extremity; without contrast material	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
Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Fever of unknown origin with shortness of breath, chest pain and nausea since May 2018 without any relief of conservative therapy.; This study is being ordered for Inflammatory/ Infectious Disease.; 5/10/2018; There has been treatment or conservative therapy.; Fever of unknown origin with shortness of breath, chest pain and nausea.; antibiotics times 3 courses, tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Infusion Therapy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type in Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material			2
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		MEMORY ISSUES; HX OF CONFUSION; His family says has been an issue for months but markedly worse las few weeks. He also complains of dizzy when stands. He has fallen maybe 6 times without syncope. Hit head at least two times. His memory of recent and old ; 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
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	9
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		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

Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		< 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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		; 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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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
Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; 8/1/18; There has been treatment or conservative therapy.; speech difficulty, focal numbness and focal weakness. Associated symptoms: episode Lt facial droop, Lt arm and leg numbness and weakness on 11/5/17, lasted approx 2 hours. Recurrent episode 8/1/18.; Current treatment includes aspirin, antihypertensives and statins. Past evaluation has included carotid ultrasonography and head MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	2
Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; 08/27/208; It is not known if there has been any treatment or conservative therapy.; Recurring episodes dizziness, usu not feeling like going to pass out, esp hits if looks upward, resolves quickly, some nausea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	2
Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"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	1
Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a sinus MRI; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."	1
Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(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.; pulmonary AVM and liver AVM; It is not known if there has been any treatment or conservative therapy.; light headedness, 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
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		< 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.; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		; 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).	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		family history o rRheumatoid arthritis; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		Fatigue generalized H/A weakness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are 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

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		fell went to hospital found cellulitis on back ,acute encephalopathy,had surgery two days later for enision of cellitius; This study is being ordered for trauma or injury.; 05/05/2018; There has been treatment or conservative therapy.; weakness of lower extremity unsteady gait; treated for 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		history of TIA to see if changed with recent event occasional imbalance, no strength/sensation changes; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		loss balance on both sides, nausea, head is heavy and could not walk straight; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		most likely due to chemotherapy but she is having severe pain with history of stage 3 cancer therefore i will order MRI of the brain and cervical to rule out any spinal stenosis or malignancy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Need the MRIs to evaluate for demyelinating processes.  Also, a pulmonary nodule was found on chest x-ray which needs further evaluation.; This study is being ordered for a neurological disorder.; Approximately July 2017; There has not been any treatment or conservative therapy.; Ms. Richards states that for about a month now the right side of her face has been drooping. This has been intermittent and mild. She denies issues chewing, swallowing, or closing her eye. It has seemed to improve over the last 2 weeks. She describes fe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patien is having a decline in his cognitive, specifically language, grandfather has a history of brain tumors, ongoing for a few years.; This request is for a Brain MRI; The study is 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patien with chronic migraine - throbbing pain, unilateral in the left frontal area. Associated symptoms: dizziness, facial pain, light sensitivity, nausea and stiff neck. Meds are not helping; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt has been having confusion; This request is for a Brain MRI; The study is 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
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	24
Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material		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	72128 Computed tomography, thoracic spine; without contrast material		There are 2 exams are being ordered.; One of 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	72128 Computed tomography, thoracic spine; without contrast material		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	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for staging.; 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 why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		There are 2 exams are being ordered.; One of 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 Computed tomography, lumbar spine; without contrast material		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
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	3
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material			1
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material		Brain tumor; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material		There are 2 exams are being ordered.; One of 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material		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	25
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt has been having trouble with her speech. It seems that she cant find the right words to say. Now she says that she has started having tingling and pressure in her head; This request is for a Brain MRI; The study is 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

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt has visual field defect.; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	30
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	11
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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).	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for a neurological disorder.; April 1, 2018; There has been treatment or conservative therapy.; Patient's primary symptoms are bi-lateral leg pain and leg weakness; and cannot walk for long distances; hip pain radiating down into muscles in legs; significant leg pain; bi-lateral feet pain; neuropathy flaring; severe toe and foot pain...Periora numb; Patient has been given pain medication such as Lyrica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"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	3
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		&t; Enter answer here - or Type in Unknown If No Info Given. &t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		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	2
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	13
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	30
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request; 'None of the above' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Member diagnosed with colo rectal cancer in 5/2013. Member to be followed with CT of chest , abdomen and pelvis as Standard of Care per NCCN guidelines; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		Need the MRIs to evaluate for demyelinating processes.  Also, a pulmonary nodule was found on chest x-ray which needs further evaluation.; This study is being ordered for a neurological disorder.; Approximately July 2017; There has not been any treatment or conservative therapy.; Ms. Richards states that for about a month now the right side of her face has been drooping. This has been intermittent and mild. She denies issues chewing, swallowing, or closing her eye. It has seemed to improve over the last 2 weeks. She describes fe.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		none.; "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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Patient has a medical history of hypertension, hyperlipidemia, obesity, abnormal pap smear, and iron deficiency. Previous colonoscopy showed hyperplastic polyp and external hemorrhoids. Has ongoing issues with heartburn and dysphagia to solids and occasio.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			1
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Brain tumor; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; 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
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt suffers with scoliosis.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 2 exams are being ordered.; One of 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	10
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	27
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Rectal Protocol; 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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 complain of intermittent headaches with no other neurological problems. Will monitor and if persistent than may consider MRI.Patient stated pain level: 10 unbearable pain. Pain Description: A pain that surges, beats, or pounds to right shoulder a	1
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 2 exams are being ordered.; One of 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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	73700 Computed tomography, lower extremity; without contrast material		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	3
Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material		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

Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		liposarcoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There are 2 exams are being ordered.; One of 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Pt suffers with scoliosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has 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
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 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
Internal Medicine	Approval	71250 Computed tomography, thorax, without contrast material		PATIENT HAS FINISHED CHEMOTHERAPY AND HAD STEM CELL TRANSPLANT- NEEDING SCANS EVERY 6MONTHS FOR FOLLOW UP FOR CHECKING 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 NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax, without contrast material		Patient has Stage IV Adenocarcinoma of both lungs. PET scan on 6/21/18 showed a developing right perihilar lesion with hypermetabolic right infrahilar adenopathy as well as hypermetabolic activity in the left lower lobe in the original area of the maligna; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax, without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 Computed tomography, thorax, without contrast material		Pt w/ recent admission for compartment syndrome. CTA showed PAD, AAA 3.4cm and lung nodule 0.5cm.; 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
Internal Medicine	Approval	71250 Computed tomography, thorax, without contrast material		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

Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		patient also has very large left inguinal hernia extending into the left scrotum, dr hoping to get a better look at the S1 and strongly suggesting surgery; This study is being ordered for Vascular Disease.; May 2014; There has been treatment or conservative therapy.; patient has had a couple of strokes the past several years - latest one was last year where he also had a seizure. Finding in the ER was an aortic aneurism and patient was supposed to have a repeat CT 6 months later but did not; anti-seizure 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
Internal Medicine	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		aneurysm; This is a request for an MR Angiogram of the chest or thorax	1
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		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
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; One of 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 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		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 Computed tomography, abdomen; without contrast material		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 behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		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	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			9
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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 Computed tomography, abdomen and pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		. Schedule re-staging scans q 6 months. Last CCC 12/11/17.; 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		2. Schedule re-staging PET/CT as indicated. Last on 1/23/18.; 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 Computed tomography, abdomen and pelvis; without contrast material		3. Re-staging CT's q 6 months. Last 1/5/18.; 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 Computed tomography, abdomen and pelvis; without contrast material		3. Schedule re- staging CT's and BS q 6 months. Last 1/8/19.; 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 Computed tomography, abdomen and pelvis; without contrast material		3. Schedule re-staging CTs for in 4 weeks on 6/19/18. Last 4/6/18.; 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 Computed tomography, abdomen and pelvis; without contrast material		5. Schedule re-staging scans week of 7/9/18 then q 3 months. Last 4/13/18 at CCC. Had MRI CCC 6/12/18.; 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 Computed tomography, abdomen and pelvis; without contrast material		8. Follow up CTs at BMC as indicated to evaluate for recurrent disease. Last MRI abdomen 2/18; 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 Computed tomography, abdomen and pelvis; without contrast material		Assess for progression of disease, colon 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	74176 Computed tomography, abdomen and pelvis; without contrast material		CA 19-9 has risen. Needs repeat CT HCAP this week prior to visit on Monday 7/16. Tell our radiologists scans need to be compared to BMC films (CT with contrast and MRI) 5/2018.; 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 Computed tomography, abdomen and pelvis; without contrast material		COLON 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	74176 Computed tomography, abdomen and pelvis; without contrast material		COLON CANCER; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. &t; Enter answer here - or Type In Unknown If No Info Given. &t; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; radiculopathy; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material			1
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	6
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			2
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This study is being ordered for a neurological disorder.; 08/01/2016; There has not been any treatment or conservative therapy.; spinal stenosis, upper back pain, neuropathy of left upper extremity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This study is being ordered for trauma or injury.; 5/2018; There has been treatment or conservative therapy.; increased headaches; 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This study is being ordered for trauma or injury.; 9/10/18; There has not been any treatment or conservative therapy.; decrease range of motion, ongoing 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		CT C/A/P prior to his next exam to evaluate his RCC.; 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 Computed tomography, abdomen and pelvis; without contrast material		CT chest abdomen pelvis and if there is some suggestion of locally advanced disease then I would revisit this and possibly give her dose dense AC followed by Taxol.; 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 Computed tomography, abdomen and pelvis; without contrast material		CT scan chest, abdomen, pelvis and bone scan and MRI brain for restaging and response to therapy; 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 Computed tomography, abdomen and pelvis; without contrast material		endometrial 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	74176 Computed tomography, abdomen and pelvis; without contrast material		EVALUATION; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Follow to chemotherapy, check 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 Computed tomography, abdomen and pelvis; without contrast material		follow-up with history of CLL, breast CA, hypertension, depression, chronic back pain, IBS, s/p right nephrectomy for kidney cancer.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 Computed tomography, abdomen and pelvis; without contrast material		He will have a CT C/A/P and bone scan prior to his next exam to evaluate treatment response of his RCC.; 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 Computed tomography, abdomen and pelvis; without contrast material		Left chest wall discomfort, some phlegm, left shoulder discomfort, fatigue; 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 Computed tomography, abdomen and pelvis; without contrast material		Malignant neoplasm of lower lobe, right bronchus or lung.; 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 Computed tomography, abdomen and pelvis; without contrast material		Metastasis Melanoma. 7/7/18 CT. 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	74176 Computed tomography, abdomen and pelvis; without contrast material		na; 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 Computed tomography, abdomen and pelvis; without contrast material		neuroendocrine tumor.; 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 Computed tomography, abdomen and pelvis; without contrast material		PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 04/13/2018; There has been treatment or conservative therapy.; Neck pain, shoulder pain, low back pain, pelvic tenderness, decreased hand grip strength, radiculopathy; Nsalds, home exercise, 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
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		na; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	3
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; CT Scan results noted fractures at T4, T5, T6, T8, and T9, also L1, L2, L3 and L4. Radiologist suggested correlation with MRI	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Ms Bates presents today with complaint of pain in her mid back and low back. She has a history of a car accident in 2016 resulting in L3 burst fracture. She was transferred at that time to the care of Dr. Taboosha at UAMS. Dr Taboosha is no longer prac; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2018; There has been treatment or conservative therapy.; LOW BACK AND HIP PAIN; 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Abnormal nerve conduction studies, nerve entrapment, numbness of leg. 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		grade 1 anterolisthesis of L5 on S1, seen on Xray,IMPRESSON:  1. Likely bilateral pars defects at L5 with grade 1 anterolisthesis of L5 on S1. This can be confirmed with MRI.Low back pain radiating to left foot.of Present illness: 1. back, lower  Ons; The study 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.; Present illness: 1. back, lower  Onset: 2 days ago. It occurs occasionally (26-50%day) and is better. Location: left low back. Pain level is 4. The pain radiates to the The pain is aching, dull and tightness. The pain is aggravated by sitting. 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI LUMBAR WO CONTRAST; Future -pt wants referral to Dr. Arthur-NEUROSURGERY; 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

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI of her back if her pain persists at her next visit.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		numbness in both legs, tingling in low back, decreased range of motion, straight leg raise; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral lower extremity weakness; The patient does not have new signs or symptoms of 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt has colon 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	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt has rising tumor markers; 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 Computed tomography, abdomen and pelvis; without contrast material		Pt suffers with colon and prostate cancer restaging after therapy; 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 Computed tomography, abdomen and pelvis; without contrast material		RESPONSE TO TREATMENT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Restaging CT for cutaneous melanoma.; 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 Computed tomography, abdomen and pelvis; without contrast material		Re-staging CT's and BS at BMC q 6 months. Last BMC on 1/19/18.; 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 Computed tomography, abdomen and pelvis; without contrast material		restaging for metastatic staging; 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 Computed tomography, abdomen and pelvis; without contrast material		RESTAGING SCANS.; 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 Computed tomography, abdomen and pelvis; without contrast material		RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	32
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING; 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 Computed tomography, abdomen and pelvis; without contrast material		Return for Imaging: CT CAP, BS and MRI brain to evaluate response to therapy; 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 Computed tomography, abdomen and pelvis; without contrast material		Return for Imaging: Schedule CT N, CAP at CARTI for restaging this month; 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 Computed tomography, abdomen and pelvis; without contrast material		Return for imaging:Schedule MRI Brain, CT chest, abdomen and pelvis and bone scan @ Saline for initial staging of disease; 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 Computed tomography, abdomen and pelvis; without contrast material		Return to imaging: CT C/A/P w contrast at CCC prior to next appointment; 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 Computed tomography, abdomen and pelvis; without contrast material		RISE IN CEA; 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 Computed tomography, abdomen and pelvis; without contrast material		Schedule CT CAP and bone scan @ Bradley County Medical Center for restaging of disease; 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 Computed tomography, abdomen and pelvis; without contrast material		Schedule restaging scans q 6 months. Last 2/23/18; 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 Computed tomography, abdomen and pelvis; without contrast material		Secondary malignant neoplasm of liver and intrahepatic bile duct   Secondary malignant neoplasm of unspecified lung; 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 Computed tomography, abdomen and pelvis; without contrast material		She will have an MRI brain and CT C/A/P prior to her next exam to continue to monitor her lung cancer with brain metastasis.; 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 Computed tomography, abdomen and pelvis; without contrast material		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	125
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		They are anticipating she start Remicade soon. Since she is having increased abdominal pain, and her last scan was in December. She will have a CT C/A/P soon for further evaluation.; 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is known tumor; This study is being ordered for follow-up; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient is female; 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; The patient is presenting new symptoms; It is not known if this study is being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient had an abnormal abdominal Ultrasound, CT or MR study; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is vascular disease; There is not a known or suspicion of an abdominal aortic aneurysm; There is an abnormal abdominal/pelvic ultrasound; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; It is not known if the pain is acute or chronic; This is not the first visit for this complaint; There has been a physical exam; The patient is male; It is not known if a rectal exam was performed; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	3
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient had an lipase lab test; The results of the lab test were abnormal; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 requested for hematuria; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		worsening adenopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Findings suggest mild cirrhosis . This request is for an Abdomen MRI; This study is being ordered for organ enlargement; The patient had previous abnormal imaging including a CT, MRI or Ultrasound; A liver abnormality was found on a previous CT, MRI or Ultrasound; There is NO suspicion of metastasis.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Per 7/23/18 Abdomen/Pelvis CT patient has a 7 cm liver mass causing obstructive change to the left biliary tree. Per 7/25/18 CT guided biopsy result, liver mass adenocarcinoma consistent with cholangiocarcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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	3
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 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; It is not known if the patient is undergoing active treatment for cancer; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Schedule follow up MRI abdomen in 4 months for further evaluation of liver lesion post RFA. Ordered 3/15/18	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."	3
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; &t; Enter answer here - or Type In Unknown If No Info Given. &t;	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; Metastatic carcinoid to liver. No evidence of progressive disease. He is tolerating the Sandostatin LAR 20 mg IM every 4 weeks. We will continue with every 2 month visit for now, returns we will check a MRI of the abdomen as well as an octreotide scan	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 SCANS	1

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" weight loss and pain	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	2
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	4
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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.; It is not known if this patient have axillary node adenocarcinoma.	1
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFORMATION IS BEING UPLOADED. PT HAS PERSONAL HISTORY OF BREAST CANCER TREATED WITH BILATERAL MASTECTOMIES AND RECONSTRUCTION AND NOW HAS INDETERMINATE PALPABLE MASS ON MAMMO AND ULTRASOUND. PT ALSO HAS HISTORY OF MELANOMA. This is a request for Breast MRI; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, 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
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		ߝ Enter answer here - or Type In Unknown If No Info Given. ߝ 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 (eg, proton) 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 Hematologist/Oncologist	19
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) 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 Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			1
Hematologist/Oncologist	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing			1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; The last MUGA scan was performed within the last 3 months.; ߝ Enter answer here - or Type In Unknown If No Info Given. ߝ part of clinical trial and taking study drug, had an adverse event and got a abd/pel ct approved, wants to make sure chemo is not effecting stomach	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.; ߝ Enter answer here - or Type In Unknown If No Info Given. ߝ	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.)."; It is not known if the patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; It is not known if the patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; ߝ Enter answer here - or Type In Unknown If No Info Given. ߝ	1

Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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; Left ventricular function was 52% resulted from MUGA performed 6/13/2018	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan; This study is being ordered for Chemotherapy; Chemotherapy has not been initiated or completed.; Chemotherapy is not planned.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.);	10
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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. ASSESS EF PRIOR TO CARDIOTOXIC CHEMO	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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. Needing baseline evaluation prior to starting chemo	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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 is to start Adriamycin/Cytosoxan on 9/11/2018	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.; Problem 1. T4b, N0, stage IIIb hormone positive, HER-2 negative left-sided retroareolar grade 1 invasive ductal cell carcinoma of the breast. I had a detailed discussion with the patient and her sister here in the office reviewing her diagnosis manageme	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; checking for something in her left breast	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		Per 7/23/18 Abdomen/Pelvis CT patient has a 7 cm liver mass causing obstructive change to the left biliary tree. Per 7/25/18 CT guided biopsy result, liver mass adenocarcinoma consistent with cholangiocarcinoma.; 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 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Shannon D Burkhart, a 48 y.o. male presents with a Chief Complaint of Back Pain (RLQ Back pain x 1.5 week ago. Went to ER x 1 week ago, go "lighter" but is still hurting) and Elbow Pain (x 2 week) all his work is physical he was in OK when he went to ER.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	43
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Unknown; This study is being ordered for a neurological disorder.; April 1, 2018; There has been treatment or conservative therapy.; Patient's primary symptoms are bi-lateral leg pain and leg weakness; and cannot walk for long distances; hip pain radiating down into muscles in legs; significant leg pain; bi-lateral feet pain; neuropathy flaring; severe toe and foot pain...Periora numb; Patient has been given pain medication such as Lyrica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; 04/13/2018; There has been treatment or conservative therapy.; Neck pain, shoulder pain, low back pain, pelvic tenderness, decreased hand grip strength, radiculopathy; Nsalds, home exercise, 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
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		X ray reveals pelvic fracture after a fall/trauma - physician needs to determine age of fracture and healing status; 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
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< 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.; < 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
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		pt has pain in his left hip it is radiating to his leg; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		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
Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1

Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury; 1 month ago; There has been treatment or conservative therapy.; acute pain in the shoulder (right) from a rotator cuff injury; x-ray and pain 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	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 recurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 recurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 is experiencing new signs or symptoms indicating a recurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 is experiencing new signs or symptoms indicating a recurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Unlisted CT/MRI.	2

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/10/18; There has not been any treatment or conservative therapy.; decrease range of motion, ongoing 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
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	21
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; na	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; This study is being ordered for staging.	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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	73700 Computed tomography, lower extremity; without contrast material		< 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
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		evaluate treatment response; colon 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		INITIAL STAGING 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		Malignant neoplasm of lower lobe, right bronchus or lung; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		new RUQ pain; 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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RESTAGING   Malignant neoplasm of upper-outer quadrant of right female breast; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RE-STAGING HEAD AND NECK CARCINOMA; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RESTAGING SCANS DURING ONGOING TREATMENT TO ACCESS RESPONSE TO TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RE-STAGING; 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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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	14
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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	19
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		fell approx 2 wks ago, landed on knees - went to ER, yesterday twisted & now is having problems walking - left knee worse than right knee - knees have been warm to touch - was given steroids in ER, taking Aleve for pain & that is not really helping her, 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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	5
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	5
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is for an evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; XRAY LEFT KNEE SHOWED minimal thickening of the cortex in the supracondylar portion of the distal femur along the distal endosteal margin of the distal femur. In the proximal tibia, there is a mixed cartilaginous and lucent process, most compatible with ; Suspicious Mass or Suspected Tumor/ Metastasis	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		aortic aneurysm, Ultrasound 8/13; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		Caller is by passing questions and faxing in clinical.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		Caller will fax clinical.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		none; 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
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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 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
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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	5
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	9
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Member diagnosed with colo rectal cancer in 5/2013. Member to be followed with CT of chest , abdomen and pelvis as Standard of Care per NCCN guidelines; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material		None; This study is being ordered for a neurological disorder.; 4 weeks ago; There has been treatment or conservative therapy.; Hx of AAA Severe neck pain SOB COPD; Rx 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PATIENT HAS FINISHED CHEMOTHERAPY AND HAD STEM CELL TRANSPLANT- NEEDING SCANS EVERY 6MONTHS FOR FOLLOW UP FOR CHECKING 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 NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has Stage IV Adenocarcinoma of both lungs. PET scan on 6/21/18 showed a developing right perihilar lesion with hypermetabolic right infrahilar adenopathy as well as hypermetabolic activity in the left lower lobe in the original area of the malignancy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is s/p 4th cycle of chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT WITH STAGE IA GIST OF THE ILEUM. PT DUE FOR 3MONTH 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT WITH STAGE IIB SIGMOID COLON CA. PT FINISHED CHEMO. PT DUE FOR FIRST SCAN AFTER COMPLETING CHEMO.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	STAGE III LEFT BREAST CA: PT HAD AC-T. PT HAD BILATEAL MASTECTOMY ON 6/25/18 WITH MINIMAL TO NO TREATMENT RESPONSE AND TWO OF THREE LYMPH NODES POSITIVE. DR WANTING CT TO RULE OUT METASTATIC DISEASE GIVEN THAT SHE HAD NO RESPONSE TO HER INITIAL CHEMO.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 bilirubin.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	7
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	11
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 not the first visit for this complaint.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	6
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	5
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" adrenal nodule	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 was seen in office for COPD and a left upper lobe lung mass. A CT scan of the chest was ordered on patient. This study showed a right adrenal lesion, and suggested a follow-up with MRI of abdomen including in phase and out of phase imaging.	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Internal Medicine	Approval	7557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	2
Internal Medicine	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This test is for surgical clearance; This is a request for a CT scan for evaluation of coronary calcification.	1
Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)			1

Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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.; 1. Syncope episodes and chest discomfort: The patient has occasional chest discomfort. Her stress test showed upslping ST changes. The patient has a history of syncope. Would like to rule out coronary anomalies as underlying cause. We will get a co; No, there is no Chronic Chest Pain.	1
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	16
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	77058 Magnetic resonance imaging, 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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< 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
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Ms Faucette is a very pleasant 47yo AA lady with significant history of HTN, OSA with CPAP, DJD/chronic back pain, followed by Dr. Hardin, presented for evaluation of chest discomfort and palpitations. No medication changes were made on last visit. Since ; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The left ventricle is normal in size.  The Ejection Fraction estimate is 60-65 % .  The left ventricular wall motion is normal.  A variety of Doppler measurements indicate normal left ventricular  diastolic function.  The aortic valve is normal.; 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) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The study is requested for known or suspected cardiac septal defect.	1
Internal Medicine	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.; PT WAS TAKING PERTUXUMAB AND TRASTUZUMAB AND LVEF BECAME 36% AND TREATMENT WAS HELD. MUGA SCAN ON 8/9/18 SHOWED LVEF 52%. PT STARTED BY ON TRANSTUZUMAB ON 8/9/18. DR WANTING MUGA SCAN TO ASSESS LVEF AFTER STARTING BACK ON TRANSTUZUMAB.	1
Internal Medicine	Approval	78813 Positron emission tomography (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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		prior to cardio chemo; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1
Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN 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.	5
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	8. Follow up CTs at BMC as indicated to evaluate for recurrent disease. Last MRI abdomen 2/18; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Re-staging CT's and BS at BMC q 6 months. Last BMC on 1/19/18.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a recurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		shortness of breath, hemodynamically, labs show wbc 11, hdb 12.9, bun/cr 34/1.6; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason, This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	INITIAL STAGING 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	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING.; 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 Computed tomography, soft tissue neck; without contrast material	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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	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
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	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 none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	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
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal lung screen; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	cancer; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 'None of the above' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	INITIAL STAGING 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	new RUQ pain; 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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Regarding her 40-50 pound weight loss over the last 6-7 months and poor appetite, I will order a CT C/A/P for further evaluation.; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING   Malignant neoplasm of upper-outer quadrant of right female breast; 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 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS DURING ONGOING TREATMENT TO ACCESS RESPONSE TO TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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 Computed tomography, thorax; without contrast material	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	9
Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has 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
Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	will fax in clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	cancer; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of lower third of esophagus   Encounter for screening for malignant neoplasm of prostate; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Regarding her 40-50 pound weight loss over the last 6-7 months and poor appetite, I will order a CT C/A/P for further evaluation.; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING   Malignant neoplasm of upper-outer quadrant of right female breast; 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 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She will have a CT C/A/P soon to evaluate her weight loss, DVT and rule out occult malignancy.; 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 Computed tomography, abdomen and pelvis; without contrast material	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; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 glucose.; 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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; 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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	2
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Disapproval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Radiology Services Denied Not Medically Necessary	; This is a request for an MRI Bone Marrow.	1

Hematologist/Oncologist	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (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 Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of upper lobe, right bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	pancreatic mass with liver lesions.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	RE-STAGING; 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 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Lymphoma or Myeloma.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Ovarian or Esophageal Cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2

Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hospital	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has diabetes.; This is a Medicare member.	1
Hospital	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema);. Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema);. Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 due to known or suspected infection or abscess.;	1
Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 a pre-operative study for planned surgery.	1
Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Fever of unknown origin with shortness of breath, chest pain and nausea since May 2018 without any relief of conservative therapy.; This study is being ordered for Inflammatory/ Infectious Disease.; 5/10/2018; There has been treatment or conservative therapy.; Fever of unknown origin with shortness of breath, chest pain and nausea.; antibiotics times 3 courses, tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema);. Yes this is a request for a Diagnostic CT ; This study is 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 months ago; There has been treatment or conservative therapy.; fever; 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	1
Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		1
Infusion Therapy	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		< 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 known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		confusion, impaired coordination/balance, memory loss and visual changes blurry vision Depression like symptoms: anhedonia, depressed mood, difficulty concentrating, fatigue, feelings of worthlessness/guilt, hopelessness, impaired memory, insomnia and ; 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 neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Head injury mild or moderate acute, no neurological deficit; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Pt in recent car accident.; 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

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		still has a headache fell 2 weeks ago.; 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.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	6
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	9
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury, fact"; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		HPI: Rhinitis/Sinusitis/Conj. History of Present Illness: Chief Complaint: She has had sinus pain on the left side since April. She has been on 3 different antibiotics (Bactrim, Augmentin, and Omnicef) with no relief, plus a steroid injection. She has bc; 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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Patient has a medical history of hypertension, hyperlipidemia, obesity, abnormal pap smear, and iron deficiency. Previous colonoscopy showed hyperplastic polyp and external hemorrhoids. Has ongoing issues with heartburn and dysphagia to solids and occasio; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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 Computed tomography, soft tissue neck; without contrast material		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	10
Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; 08/27/208; It is not known if there has been any treatment or conservative therapy.; Recurring episodes dizziness, usu not feeling like going to pass out, esp hits if looks upward, resolves quickly, some nausea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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
Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; 8/1/18; There has been treatment or conservative therapy.; speech difficulty, focal numbness and focal weakness. Associated symptoms: episode Lt facial droop, Lt arm and leg numbness and weakness on 11/5/17, lasted approx 2 hours. Recurrent episode 8/1/18.; Current treatment includes aspirin, antihypertensives and statins. Past evaluation has included carotid ultrasonography and head MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		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
Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		 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).	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		 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).	2

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/2018; There has been treatment or conservative therapy.; increased headaches; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is 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 a headache; There has been treatment or conservative therapy.; severe daily headaches that are getting worse. Also dizziness; pt has taking hydrocodone for 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pulmonary AVM and liver AVM; It is not known if there has been any treatment or conservative therapy.; light headedness, 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Bi-temporal headaches for 3 months.; Last couple of hours,  Relieved by Vick's vapor rub to the temples. No visual complaints, nausea or vomiting. BP is stable. DM2 - HTN and SNHL noted in problem list.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		elevated prolactin level, needs mri of pituitary gland; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Follow up on 2/2015 MRI brain; patient experiencing increased 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		HEADACHE, NUMBNESS; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		na; 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.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has history of seizures, convulsions, foaming from mouth.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt has bells palsy with worsening symptoms. She had a brain CT on 08/08/18; 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 not 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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

Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	2
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 for the initial evaluation of heart failure.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	7
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Here for new patient appointment to establish care. Patient reports he was in prison for 18 months for drug related charges. Patient reports he has been seeing urology outpatient for ongoing penile issues. He has had elevated BP and swelling issues that p; 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
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN 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.	5
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	6
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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. Tremors F/U brain MRI R/O pituitary adenoma; 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 not 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.	2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		blood in urine, abdominal distension, back pain, possible kidney bleed; This study is being ordered for trauma or injury.; 08/20/18; There has not been any treatment or conservative therapy.; blood in urine, unable to walk, sever pain when breathing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		Chest x-ray was done on 06/03, that was read out as emphysema with chronic pleural and parenchymal changes. Small pleural effusions versus pleural thickening. When I looked at the x-rays, there is a lot of scarring in the right chest particularly a sign; A Chest/Thorax CT 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 this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		No, the patient was NOT seen by a specialist because of the traumatic injury; Chest pain describes the reason for this request.; Abnormal finding on physical examination was noted on evaluation after the injury; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		'will fax notes, personal use of tobacco use and hazardous to his health, COPD; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	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, infection or inflammation, multiple sclerosis or seizures.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 onset (within the last 4 weeks) of neurologic symptoms.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic post-traumatic 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 chronic or recurring.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt has started suffering from memory lapses since he had the TIA; 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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	She says recently she has been getting forgetful and it is going on for a few weeks. She states that she thinks something in her head and when she tries to say she forgets what she was thinking and then she recalls in few minutes. She also has been havi; 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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Pain feels like "ball" in chest underneath the lower left rib and now more constant. Sometimes when he takes a deep breath it feels worse. He has not found anything that makes it better. He does recall getting hit in chest with baseball a few years ago; 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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Patien is s/p 4th cycle of chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		pet scan done back in 4/18/2018; 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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		PT WITH METASTATIC RT BREAST CA. PT STARTED ON ABEMACICLUB AND LETROZOLE ON 6/12/18. DR WANTING CT TO ASSESS RESPONSE TO TX.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		PT WITH STAGE IA GIST OF THE ILEUM. PT DUE FOR 3MONTH 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		PT WITH STAGE IIB SIGMOID COLON CA. PT FINISHED CHEMO. PT DUE FOR FIRST SCAN AFTER COMPLETING CHEMO.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		STAGE III LEFT BREAST CA: PT HAD AC-T. PT HAD BILATEAL MASTECTOMY ON 6/25/18 WITH MINIMAL TO NO TREATMENT RESPONSE AND TWO OF THREE LYMPH NODES POSITIVE. DR WANTING CT TO RULE OUT METASTATIC DISEASE GIVEN THAT SHE HAD NO RESPONSE TO HER INITIAL CHEMO.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT SCAN DONE A FEW WEEKS AGO FOR KIDNEY STONES SHOWED A THORACIC AORTIA DIALIATED TO 4.4 CM AND CALLED IT AN ANEURYSM. PT HAS HYPERTENSION. 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
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	8
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; radiculopathy; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine CT.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	6
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; patient has a septal deviation to the left frontal sinus with no transillumination; patient has been using analgesics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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.; this problem started on 9/11/2018; There has not been any treatment or conservative therapy.; Patient is having 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
Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; 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.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The results of the ultrasound are unknown.; 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
Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.	1
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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.; in left 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/5/2018; There has not been any treatment or conservative therapy.; Migraines; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and weakness in Left arm after chiropractor adjusted her neck. Decreased grip in left hand and has dropped objects such as a coffee cup with left hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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 a headache; There has been treatment or conservative therapy.; severe daily headaches that are getting worse. Also dizziness; pt has taking hydrocodone for 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		most likely due to chemotherapy but she is having severe pain with history of stage 3 cancer therefore I will order MRI of the brain and cervical to rule out any spinal stenosis or malignancy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; 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.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The results of the ultrasound are unknown.; 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 has dizziness.; It is unknown why this study is being ordered.	1
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; back pain (ongoing for a year) Headache (lasting longer than 24); There has been treatment or conservative therapy.; headache and back 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 vertigo	1
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	16
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	17
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for a congenital abnormality; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has multiple kidney cysts; 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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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
Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	THIS IS FOR A CTA CHEST ABD/PEL W CONTRAST. FOR ABDOMINAL AORTIC ANEURYSM (AAA) WITHOUT RUPTURE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has pain had more than a month of pain just below her right scapula. the doctor is trying to rule out tendonitis or the cause of the pain. An MRI shoulder has already been ordered but what the doctor is looking for wont necessarily be found; This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess.; There is no radiologic evidence of pneumoconiosis.; There is no radiologic evidence of asbestosis.; This is a request for a chest MRI.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	19
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	7
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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; tightness, sharp pain, tenderness, radiating pain from neck to arm, pain is unrelieved with muscle relaxers or heat or ice	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; unknown	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/01/2016; There has not been any treatment or conservative therapy.; spinal stenosis, upper back pain, neuropathy of left upper extremity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. ; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy. ; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	4
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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 r 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.	6
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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	2
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		c/o ddd l spine - moderate/stale/presen tgreater than 2mos - not resolved with pt consult; The study 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 KNEE JERK ON RIGHT	1
Internal Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	1
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Nuckols presents today and was thrown from a horse in April. He had multiple rib fractures, and these were diagnosed in the emergency room by plain x-rays. This pain is gradually improved but continues to be present on the left. To the left of the mid; 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
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has did a X ray of both neck and right shoulder and they were both negative and patient is not responding to medication that was prescribed for relief to help symptoms.; This study is being ordered for trauma or injury.; 06/08/2018; There has been treatment or conservative therapy.; Patient primary symptoms are headaches, shoulder pain, and neck pain.; Patient has been treated with Naproxen and Sumatriptan for headaches and Robaxin for muscle spasms and neck pain. Patient is still experiencing pain in shoulder and headaches that are waking patient up.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	R/O spinal stenosis/herniated disc; This study is being ordered for a neurological disorder.; 2017; There has not been any treatment or conservative therapy.; nerve 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Right-sided pain and stinging in patient with a previous history of lumbar disectomy indicates the need for spinal imaging to assess further.; This study is being ordered for a neurological disorder.; approximately 08/20/2013; There has been treatment or conservative therapy.; Right-sided shoulder, neck and upper back pain; Previously treated by a chiropractor; Naproxen 500mg twice 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She is now getting a burning sensation on the back of her R shoulder. This gets worse when she reaches over her head. She is also getting numbness and tingling in her R arm and hand.Musculoskeletal: Positive for arthralgias and neck pain. Right shoul; 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Patient is having some cervical radiculopathy. Also having some pain down the right arm; 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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 is having pain and numbness tingling in hands bilaterally.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Unknown	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; c/o cervical muscle and radicular pain. had MVA 5 years ago. some radiating pain. c/o lipoma on neck. bothering him quite a bit.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Tingling in arms and legs and numbness. Back pain cannot sleep most nights. Fibromyalgia and arthralgia. And Osteo.	1
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 2015; There has been treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  Ice/Heat* Rx* OTC*.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; within last year; There has been treatment or conservative therapy.; pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Current symptoms: Reports numbness Quality: Reports burning Severity: moderate Onset: 7-12 months Lower ext dermatomes involved: L4: right, L5: right, S1: right Associated Conditions Lumbar degenerative: Yes Other (sclerotic lesions in spine, believe; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	R/O spinal stenosis/herniated disc; This study is being ordered for a neurological disorder.; 2017; There has not been any treatment or conservative therapy.; nerve 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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 recent fracture on previous imaging studies.	1
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; mid to lower back pain.; medications, PT for 6 weeks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 range of motion	1

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Ice/Heat* Rx* OTC*.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 7/17/18; There has been treatment or conservative therapy.; pain when walking, joint pain , limit range of motion.; PT and seen a chiropractor.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; within last year; There has been treatment or conservative therapy.; pain; physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		fell went to hospital found cellulitis on back .acute encephalopathy.had surgery two days later for enision of cellulitis; This study is being ordered for trauma or injury.; 05/05/2018; There has been treatment or conservative therapy.; weakness of lower extremity .unsteady gait.; treated for 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient came in today stating that he was in a motor vehicle accident yesterday and he went to Great River Medical Center. The CT of his lumbar spine showed changes in L4 and L5 as well as right stenosis. This CT differed from his last CT on 10/8/2015. He; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Right leg 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.; Right leg weakness, pain in right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; It is not known if the patient has a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	50
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	21
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		Patient has had abdominal pain, heavy periods and pain; 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
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		flank pain and vaginal pain LMP 2017; 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
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		low back pain and coccyx pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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.; 04/13/2018; There has been treatment or conservative therapy.; Neck pain, shoulder pain, low back pain, pelvic tenderness, decreased hand grip strength, radiculopathy; Nsalds, home exercise, 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
Internal Medicine	Approval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)		< 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.; < 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
Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		severe back pain, hand pain, numbness and swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Acute back pain sciatica x 1 yr; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Current symptoms: Reports numbness Quality: Reports burning Severity: moderate Onset: 7-12 months Lower ext dermatomes involved: L4: right, L5: right, S1: right Associated Conditions Lumbar degenerative: Yes Other (sclerotic lesions in spine, believe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	in a lot of pain, injection to the hip, stretching, exercise, no improvement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	M54.31 Back pain with right-sided sciatica, MODERATE/SEVERE BACK PAIN WITH RIGHT SCIATICA 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	M54.5 Chronic midline low back pain without sciatica, Chronic pain, Hx of back surgery, Chronic midline low back pain without sciatica (M54.5), patient is followed by pain management for his medications he does have opioid dependence he has had back s; 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Need the MRIs to evaluate for demyelinating processes.  Also, a pulmonary nodule was found on chest x-ray which needs further evaluation.; This study is being ordered for a neurological disorder.; Approximately July 2017; There has not been any treatment or conservative therapy.; Ms. Richards states that for about a month now the right side of her face has been drooping. This has been intermittent and mild. She denies issues chewing, swallowing, or closing her eye. It has seemed to improve over the last 2 weeks. She describes fe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain is worsening and more severe. Over 30 minutes spent in examination with patient. Pt has failed outpatient conservative therapy, unable to perform sports and patient now having difficulties with daily ADL's due to increasing pain.; This study is being ordered for trauma or injury.; 4/20/18; There has been treatment or conservative therapy.; Pain worsening - more pronounced in the left paraspinal region at the insertion of the pelvis per the outpatient physical therapy documentation; Pt has been treated for 2 months with meloxicam 7.5mg daily for 2 1/2 months - muscle relaxer at bedtime - home physical therapy exercises for 2 months - outpatient physical therapy for 1 month - symptoms worsening and progressing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has lower mid back pain that radiates down lower post rib margin all the way from rib 4-7, also pain on left side going up shoulder and down to groin, painful when not touched; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is taking meds. Difficulty sitting and walking. Performed Venus Doppler. Patient seen cardiologist to see if it was vascular, test negative.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt suffers with pain over several years; suffered an injury in military.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	R/O ligament injury; due to nail puncture in foot.; This study is being ordered for trauma or injury.; 06/27/2018; There has been treatment or conservative therapy.; Pt suffers with paresthesia and pain; Pt HEP, rest, steroids and NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiating pain down to 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has small disc bulge resulting in mild bilateral neural foraminal compromise at L4/5 and L5/S1.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Early 2017; There has been treatment or conservative therapy.; Pt has pain in neck and in her back, hard for patient to move d/t pain.; Medication. Possible other treatments with previous physicians.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	I have recommended that she undergo MRI of the pelvis and lower extremity due to the pain in her leg itself and hip. She does have significant knee pain and pain into the proximal tibia. The nature of these symptoms is unclear. She has undergone previous ; This study is being ordered for a neurological disorder.; 02/20/2018; There has been treatment or conservative therapy.; The pain is located in the back but also in the hip and pelvic region; she has had surgery and 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
Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; POSSIBLE ROTATOR CUFF TEAR	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Internal Medicine	Disapproval	73200 Computed tomography, upper extremity, without contrast material	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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had a X ray of both neck and right shoulder and they were both negative and patient is not responding to medication that was prescribed for relief to help symptoms.; This study is being ordered for trauma or injury.; 06/08/2018; There has been treatment or conservative therapy.; Patient primary symptoms are headaches, shoulder pain, and neck pain.; Patient has been treated with Naproxen and Sumatriptan for headaches and Robaxin for muscle spasms and neck pain. Patient is still experiencing pain in shoulder and headaches that are waking patient up.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt denies injury but states has had pain for more than 1 month.; 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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;" &t; Enter answer here - or Type In Unknown if No Info Given. &t;	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; &t; Enter answer here - or Type In Unknown If No Info Given. &t;	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; abnormal exam	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; He complains of left shoulder pain. The location of the pain is deep and anterior. It does not radiate. The pain initially started one year ago. The apparent precipitating event was lifting, and the mechanism of injury was abduction, adduction, and ex	1
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This is a request for an Ankle MRI.; The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; The study is requested for a reason other than ankle pain.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		R/O infection; This is a request for a foot MRI.; The study is being ordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	2
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	6
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	2
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	3
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; 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 (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 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 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.; 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.; 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

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		XR HIP 2 OR 3 VIEWS LT Subcapital fracture left femoral neck, nondisplaced. 2. Mild left hip joint osteoarthritis Moderate right hip joint osteoarthritis. No displaced fracture or acute bony abnormality identified; This study is being ordered for trauma or injury.; 06/2018; There has not been any treatment or conservative therapy.; complaints of bilateral hip discomfort and stiffness with external rotation of the hips. She denies any known injury. She states that she notices this mostly when she is doing lunges. She denies any erythema, edema, or increased warmth of the joints.she; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		blood in urine, abdominal distension, back pain, possible kidney bleed; This study is being ordered for trauma or injury.; 08/20/18; There has not been any treatment or conservative therapy.; blood in urine, unable to walk, sever pain when breathing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74150 Computed tomography, abdomen; without contrast material		exposure to HEP A at restaurant Fever and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		Nausea and abdominal pain for 1 month - recent US impression: Geographic area of relative hypoechoogenicity anterior segment right lobe may reflect area of fatty sparing although mass is not excluded. Recommend triphasic pre and postcontrast abdomen CT.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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	6
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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	6
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Lymphadenopathy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		patient also has very large left inguinal hernia extending into the left scrotum, dr hoping to get a better look at the S1 and strongly suggesting surgery; This study is being ordered for Vascular Disease.; May 2014; There has been treatment or conservative therapy.; patient has had a couple of strokes the past several years - latest one was last year where he also had a seizure. Finding in the ER was an aortic aneurism and patient was supposed to have a repeat CT 6 months later but did not; anti-seizure 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
Internal Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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 vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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 NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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 glucose.; 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 lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material		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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Duration of Diagnosis. Reports weeks (1) Current symptoms: Reports dysuria, urinary frequency, urinary urgency, leakage without knowing, vaginal odor, other Reports flank pain, nausea and urinary incontinence and change in urine (Color, Clarity) (Yester; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		NEED ASAP PLEASE: c/o nausea & vomiting since Friday last week, can't eat, also having diarrhea-watery. taking Zofran, colonoscopy 2001, cologuard 07-04-2018 cologuard result negative. afebrile, labs not drawn yet.; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has a medical history of hypertension, hyperlipidemia, obesity, abnormal pap smear, and iron deficiency. Previous colonoscopy showed hyperplastic polyp and external hemorrhoids. Has ongoing issues with heartburn and dysphagia to solids and occasio; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PT WITH METASTATIC RT BREAST CA. PT STARTED ON ABEMACICLIB AND LETROZOLE ON 6/12/18. DR WANTING CT TO ASSESS RESPONSE TO TX.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	12
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	3
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	28
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 is having severe abdominal and pelvic pain and flank and rebound tenderness.	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.; h/o iron overload. h/o portal vein thrombosis. new abd pain and elevated LFTs.Iron overload due to repeated red blood cell transfusions. Thrombocytosis after splenectomy	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"	2
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 recommended a MRI	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" US results fatty liver, likely geographic. Given mild heterogeneity of the liver echogenicity, CT or MRI hepatic mass protocol is recommended	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	1

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >	1
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Internal Medicine	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This is a request for a MR Angiogram of the abdomen.	3
Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Ms Faucette is a very pleasant 47yo AA lady with significant history of HTN, OSA with CPAP, DJD/chronic back pain, followed by Dr. Hardin, presented for evaluation of chest discomfort and palpitations. No medication changes were made on last visit. Since	1
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	3
Internal Medicine	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral			1
Internal Medicine	Approval	77058 Magnetic resonance imaging, 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.; 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
Internal Medicine	Approval	77058 Magnetic resonance imaging, 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 suspected implant rupture.	1
Internal Medicine	Approval	77058 Magnetic resonance imaging, 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).	5
Internal Medicine	Approval	77058 Magnetic resonance imaging, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Patient is experiencing increased palpitations. History of hyperlipidemia, hypertension, morbid obesity and 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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not an orthopedist.; There is documented findings of severe pain on motion.	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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. >	2

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Internal Medicine	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	2
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; 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
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 11/2017; There has been treatment or conservative therapy.; pain, weakness, arthritis; 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
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	R/O ligament injury; due to nail puncture in foot.; This study is being ordered for trauma or injury.; 06/27/2018; There has been treatment or conservative therapy.; Pt suffers with paresthesia and pain; Pt HEP, rest, steroids and NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences	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 suspected tarsal coalition.	1
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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. < < Enter answer here - or Type In Unknown If No Info Given. > >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/17/18; There has been treatment or conservative therapy.; pain when walking, joint pain, limit range of motion.; PT and seen a chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; JUNE 2018; There has been treatment or conservative therapy.; LOW BACK AND HIP PAIN; 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	2
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; JUNE 2018; There has been treatment or conservative therapy.; LOW BACK AND HIP PAIN; 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
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; 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. This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Elevated liver enzymes for greater than 1 year; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Severe abdominal pain upon eating certain foods.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 stones.; 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 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; this problem started on 9/11/2018; There has not been any treatment or conservative therapy.; Patient is having 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Inspection: normal to inspection Palpation: soft, tender Details: LLQ and RLQ Auscultation: hypoactive bowel sounds Skin  Pain is getting worse; This is a 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN IN RUQ HURTS TO LEAN OVER DEVELOPES SWEATS AND VERY NAUSEAOSEn; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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; Mrs. Doyle is a 26 year old woman with a past medical history of hypothyroidism here for evaluation of abdominal pain, diarrhea, and nausea. As a child, she was diagnosed with "lazy bowels" at the children's Hospital in Houston. She had a colonoscopy ab; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	8
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)	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.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a CT scan for evaluation of coronary calcification.	1
Internal Medicine	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	FAMILY HX OF BREAST CANCER IN MOM; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Angina pectoris, unspecified; This is a request for Myocardial Perfusion imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt had heart cath in 2016 with blockage and has known cad with dyspnea upon exertion.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Internal Medicine	Disapproval	78813 Positron emission tomography (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 to establish a cancer diagnosis.; This study is being requested for Melanoma.; It is unknown if this is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; 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 a request for follow up of a known murmur.	1
Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for Vascular Disease.; 02/22/18; There has been treatment or conservative therapy.; follow up after the 4V that was done in Feb.; Unknown other than the 4V w/Right ICA stent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	6
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 a Medicare member.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	2

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	8
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient has known diabetes	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Interventional Radiologists	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 2/17/18; There has been treatment or conservative therapy.; 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
Interventional Radiologists	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has lupus, having a flare up for 4 weeks and it's getting worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Nephrology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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
Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; back pain 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
Nephrology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		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
Nephrology	Approval	71250 Computed tomography, thorax; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; LDH is elevated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material			1
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		None; This study is being ordered for a neurological disorder; 4 weeks ago; There has been treatment or conservative therapy.; Hx of AAA Severe neck pain SOB COPD; Rx 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
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; LDH is elevated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; back pain 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
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;"	1
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;"	1
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Unknown	1
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Unknown	1
Nephrology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This is a request for a MR Angiogram of the abdomen.	1
Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		test is to prepare patient for kidney transplant recent EKG showed abnormality   Normal sinus rhythm Possible Left atrial enlargement Septal infarct , age undetermined Abnormal ECG; This study is being ordered as a pre-operative evaluation.; 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 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.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Nephrology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a smoker, half pack a day, low sodium. Chronic Hypotonic & hyponatremia this could be secondary to lung disease, history of asthma and CAD.; 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
Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Nephrology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; Hypertensive urgency	1
Nephrology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unable to qualify for a transplant if they don't have test done. CTA portion to make sure she can have the blood flow to maintain a new organ.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Referred 02/21/2018; There has been treatment or conservative therapy.; End stage renal disease. Hypertension. Renal hyperparathyroidism, has had an heart attack coronary artery disease. Congestive heart failure. times 4 hearts stint placed in the past.; Hemo Dialysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		male with a right zygomatic arch fracture. He was seen in hospital at time of accident. Fractured was minimally displaced and did not require intervention. He returns for routine follow up. Complaints of headaches, blurry vision. He was found to have an I; 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 neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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.; 5/19/2018; There has been treatment or conservative therapy.; a halo and tighten her bolts and almost 2 months out so this is when they are supposed to get the follow up to see how it is progressing.; patient was discharged from the hospital to rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Pt is current smoker, complaining of bronchilitis symptoms, chest congestion, productive cough x 1 year. Cerumen infection; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN 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.	9
Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Pt has epigastric abdominal pain radiates through back and shoulder. Gall bladder ultrasound was abnormal. Unable to tolerate food. elevated amylase and lipase; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; hands for aweek...neck since; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pain meds, prednisone, 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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	forgetfulness Has forgotten food on stove x 2 once forgot where she was going; 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
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a recurrent problem. The current episode started more than 1 month ago. The problem occurs constantly. The problem has been waxing and waning. The pain is located in the bilateral, retro-orbital, occipital and frontal region. The pain does not rad; 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Preoperative planning for craniectomy sx scheduled for 8/2/18. The CT is needed for the plate.; 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 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniostenosis); The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; 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.	2
Neurological Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/31/18; It is not known if there has been any treatment or conservative therapy.; HEASACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; This study is being ordered for a neurological disorder.; 1 week ago; There has been treatment or conservative therapy.; shooting pain that radiates to left shoulder, 10/10 pain, dizziness, neck stiffness and neck pain, certain head movements bring on dizziness, spondylosis without myelopathy, cervical arthrosis, weakness and numbness, paresthasias, spasms, decrease range; neck support, NSAids, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient originally had symptomatic high grade coratid stenosis, on August 20 went under elective stenting, discharged a couple of days later on eloquist and aspirin; This study is 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 week; There has not been any treatment or conservative therapy.; Ongoing fatigue since procedure, labile blood pressure, intermittent expression fortascia starting last week; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		cebral cyste; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury. < Enter answer here - or Type in Unknown If No Info Given >; This study is 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.; HEADAHES, TMJ, ENLARGED PUPILS; CHIROPRACTIC 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	1
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Chiari I suspected. ? IIH/ venous thrombosis. Will get MRV and spinal completion studies to R/O syringomyelia/ tethered cord. F/U after; This study is being ordered for Congenital Anomaly.; February 2018; There has been treatment or conservative therapy.; 27 year old female who was well until 2/18 when she developed ringing in her right then left ear and SN hearing deficit acc. to ENT. Also had transient tingling in extremities, headaches.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)		Home exercise done for neck; This study is being ordered for a neurological disorder.; 8/28/2017 had surgery and still having issues; There has been treatment or conservative therapy.; dizziness, vertigo, neck movement and exercise, neck stiffness; Sept 2017 surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Mildly prominent sella , superficial draining venous malformation; This study is being ordered for a neurological disorder.; 12/2013; There has been treatment or conservative therapy.; Seizures, bruising of the head, recent vision changes, vertigo; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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, 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 4/5/2018; There has not been any treatment or conservative therapy.; Migraines; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	frontal temporal and posterior headache with naussa; 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
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	3
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1

Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.; 03/2018; There has been treatment or conservative therapy.; Hearing Loss, Visual Disturbance, Headaches, Neck Pain, Constipation; Medication Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		Cervical findings do not explain numbness/tingling; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; Neck pain/upper extremity pain and numbness and tingling; 3 weeks of physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		Home exercise done for neck; This study is being ordered for a neurological disorder.; 8/28/2017 had surgery and still having issues; There has been treatment or conservative therapy.; dizziness, vertigo, neck movement and exercise, neck stiffness; Sept 2017 surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		< 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		< 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 medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic cough and pleuritic chest pain. Cough is sometimes productive. Having some post-tussive emesis.; 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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	persistent cough, minor productive cough and has had it for a while, sleep apnea, hypertension, arrhythmia.; "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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		< 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.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		< 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		< 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis; This is NOT a Medicare member.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include vision changes.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		6 month 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	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem), without contrast material		Analgesics on physical exam; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Muscle Fasciculations; Patient has had physical therapy as well as 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

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chiari I . To get cine flow and spinal completions to better eval. restart Topamax low dose (25mg/day) and Toradol prn for H/A. F/U when studies done. Robaxin for muscle spasm.; This study is being ordered for Congenital Anomaly.; Patient just said years.; There has been treatment or conservative therapy.; 32 year old female with history of chronic headaches for years and diagnosed with Chiari I in past. Persistent headaches despite treatment. Alos c/o visual blurriness at times, tinnitus, So pain exacerbated by Valsalva, occasional swallow issues, fine mot; Was referred to us by Dr. Daniel Watson. Notes to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chiari I (1.5), dysautonomia. To get MRI head cine as well as spinal completions. Refer to Dr. Greer. Probably will need SOD. ? syrxin. Tethered cord. CCI ? Will send for flex/ ext CV junction study as well. Probably has type I EDS/ simple hypermobility.; This study is being ordered for Congenital Anomaly.; 9/18/18; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chiari I with IH. worsening Chiari symptoms. Obtain MRI cine flow as well as spinal completions and F/U after. May need SOD.; This study is being ordered for Congenital Anomaly.; September 2016; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		He had acdf done 4/12/18, making sure he is healing and fusing correctly from that.  The headaches are getting more frequent and worse, vision being effected.  Radiculopathy causing stumbling and altered gait. legs, to feet numb, and burning. neck to h; This study is being ordered for a neurological disorder.; 07/30/18; There has been treatment or conservative therapy.; HEADACHES, BLURRED VISION, ALTERED GAIT, PAIN IN RIGHT ARM TO HAND, RADICULOPATHY, NUMBNESS AND TINGLING. Had a stellate ganglion block about a month ago.He said the day after that he started having a lot of numbness and tingling in his right leg and fo; MEDICATIONS, BRACE, ICE, HEAT, ALTERED LIFE STYLE, 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	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient originally had symptomatic high grade coratid stenosis, on August 20 went under elective stenting, discharged a couple of days later on eloquist and aspirin; This study is 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 week; There has not been any treatment or conservative therapy.; Ongoing fatigue since procedure, labile blood pressure, intermittent expression fortascia starting last week; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient suffered a traumatic subarachnoid hemorrhage on 07/04/18. He had a recent CT of head done and the radiologist recommended a MRI for further followup on area.; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Previous MRI of the brain shows a Chiari 1 malformation with crowding at the foramen magnum. A CINE flow study is needed to evaluate CSF flow at the skull base. Onset of seizures and loss of gag reflex.; This study is being ordered for Congenital Anomaly.; Onset of symptoms 1 month ago; There has been treatment or conservative therapy.; Severe headache, light intolerance,neck pain, dizziness, vertigo, seizures, weakness, loss of gag reflex; NSAIDS and pain medication attempted for headache relief. Keppra initiated for further seizure prevention.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		These were the reasons for surgical intervention. Now patient is coming in for post operative evaluation.  HEAD AND NECK: Has headaches and neck lumps. ENT: Has ringing in the ears. EYES: Blurred vision. CARDIOLOGY: Palpitations. GI: Nausea. MUSCUL; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniostenosis).; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown why this study is being ordered.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Current symptoms: Reports numbness Quality: Reports burning Severity: moderate Onset: 7.12 months Lower ext dermatomes involved: L4: right, L5: right, S1: right Associated Conditions Lumbar degenerative: Yes Other (sclerotic lesions in spine, believe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	3
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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	1
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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 lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 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 not 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.	1

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 2015; There has been treatment or conservative therapy.; <Describe primary symptoms here - or Type In Unknown If No Info Given >; Ice/Heat* Rx* OTC*; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; hands for aweek...neck since; There has been treatment or conservative therapy.; <Describe primary symptoms here - or Type In Unknown If No Info Given >; pain meds, prednisone, 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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, EBCT, 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if 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.;" It is not known when the last cervical spine MRI was performed.; Known Tumor with or without metastasis; LEFT SIDED MASS ON NECK	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Need the MRIs to evaluate for demyelinating processes.  Also, a pulmonary nodule was found on chest x-ray which needs further evaluation.; This study is being ordered for a neurological disorder.; Approximately July 2017; There has not been any treatment or conservative therapy.; Ms. Richards states that for about a month now the right side of her face has been drooping. This has been intermittent and mild. She denies issues chewing, swallowing, or closing her eye. It has seemed to improve over the last 2 weeks. She describes fe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 4 weeks ago; There has been treatment or conservative therapy.; Hx of AAA Severe neck pain SOB COPD; Rx 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had ongoing problems with c-spine pain, muscle spasm and migraine headaches thought to be associated with the c-spine nerve root compression. She has tried physical therapy and has not had relief of her symptoms. Please allow this exam to de; 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	R/O disc or nerve problem; hx of bulging discs; 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Information>	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Pt here c/o neck pain and radicular pain that is getting worse as well as causing increased headaches that are worsening, cervical ROM abnormal. Lateral flexion to the left decreased and rotation to left decreased, cervical spasm Thoracic/Lumbar Spine: t	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; He was given robaxin and NSAIDs; he has not had any improvement in pain; in fact, pain has worsened on the left side of neck. Pain is worse at the end of the day and he is now having headaches. He endorses some occasional right hand pinky finger numb; 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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; hands for aweek...neck since; There has been treatment or conservative therapy.; <Describe primary symptoms here - or Type In Unknown If No Info Given >; pain meds, prednisone, 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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; back pain (ongoing for a year) Headache (lasting longer than 24); There has been treatment or conservative therapy.; headache and back 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

Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Need the MRIs to evaluate for demyelinating processes.  Also, a pulmonary nodule was found on chest x-ray which needs further evaluation.; This study is being ordered for a neurological disorder.; Approximately July 2017; There has not been any treatment or conservative therapy.; Ms. Richards states that for about a month now the right side of her face has been drooping. This has been intermittent and mild. She denies issues chewing, swallowing, or closing her eye. It has seemed to improve over the last 2 weeks. She describes fe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pain is worsening and more severe. Over 30 minutes spent in examination with patient. Pt has failed outpatient conservative therapy, unable to perform sports and patient now having difficulties with daily ADL's due to increasing pain.; This study is being ordered for trauma or injury.; 4/20/18; There has been treatment or conservative therapy.; Pain worsening - more pronounced in the left paraspinal region at the insertion of the pelvis per the outpatient physical therapy documentation; Pt has been treated for 2 months with meloxicam 7.5mg daily for 2 1/2 months - muscle relaxer at bedtime - home physical therapy exercises for 2 months - outpatient physical therapy for 1 month - symptoms worsening and progressing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Right-sided pain and stinging in patient with a previous history of lumbar discectomy indicates the need for spinal imaging to assess further.; This study is being ordered for a neurological disorder.; approximately 08/20/2013; There has been treatment or conservative therapy.; Right-sided shoulder, neck and upper back pain; Previously treated by a chiropractor; Naproxen 500mg twice 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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Early 2017; There has been treatment or conservative therapy.; Pt has pain in neck and in her back, hard for patient to move d/t pain.; Medication. Possible other treatments with previous physicians.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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; in the patient 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	3
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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  There has been treatment or conservative therapy.; Low back pain, pain in left hip, numbness, pain radiates down the leg, and muscle weakness; Steroid pack, and 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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, EBCT, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	60 y.o. female who is followed by both myself and Pain management as well as Rheumatology with multiple medical problems as noted below here for medical management. Chronic left hip and low back pain. Osteopenia of lumbar spine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Mobic 15mg Norco 10-325mg	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	acute injury worsening after nsaid steroids, cannot ambulate progressing into leg pain -concern for disc herniation = nerve impingement; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	degenerative disc disease, age related osteoporosis, has gone for pain management in the past but it was not working members want to return to pain management to see if injections will help but MRI needed first.; The study 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lifting his mother he hurt his low back. He also has pain in the interscapular region and has some muscle spasm to palpation. after 1 month of medication for pain and swelling he continues to have 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain left and right; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	na; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient osteophyte vertebra unspecified & lower back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has a lower back injury and has had surgery for 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 not seen the doctor more then once for these symptoms.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt. has radicular pain into her legs, tenderness to lumbar 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.; 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. seeing Pain Mgmt. Doctor-no relief from back pain, pt. also has facial swelling, family hx. of diabetes, morbidly obese.; The study 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 BLE; 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	R/O spinal stenosis/herniated disc; This study is being ordered for a neurological disorder.; 2017; There has not been any treatment or conservative therapy.; nerve 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	severe back pain, hand pain, numbness and swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; mid to lower back pain.; medications, PT for 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Flank 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.; 3weeks; 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
Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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
Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt says her sacrum and other pelvic joints hurt. Says maybe pain in the SI joints. No recent falls. Had two falls in 2016 when she landed on her bottom. Her back pain is still a problem. She has been going to school at home. She is on the computer much; 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.	1
Internal Medicine	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	bypass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; bypass; It is not known if there has been any treatment or conservative therapy.; bypass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt is unable to lift or raise shoulder; 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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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."; Patient has had left shoulder and anterior CP. Was given prednisone and steroid shot without response. Denies injury. No SOB, N/V or diaphoresis. arthralgias/joint pain (left shoulder). limited ROM (on internal and external rotation of left shoulder. T	1

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 PRESENTS WITH SEVERE PAIN LEFT SHOULDER AFTER MOVING A REFRIGERATOR 2 WEEKS AGO. LIMITED MOBILITY ON PHYSICAL ASSESSMENT WITH SEVERE PAIN ON ABDUCTION GREATER THAN OR EQUAL TO 45 DEGREES	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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; unknown	1
Internal Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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 a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; A YEAR AGO; There has been treatment or conservative therapy.; PAIN, INJECTIONS, MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; 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
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	I have recommended that she undergo MRI of the pelvis and lower extremity due to the pain in her leg itself and hip. She does have significant knee pain and pain into the proximal tibia. The nature of these symptoms is unclear. She has undergone previous ; This study is being ordered for a neurological disorder.; 02/20/2018; There has been treatment or conservative therapy.; The pain is located in the back but also in the hip and pelvic region; she has had surgery and 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
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences	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.	1
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 >; There has been treatment or conservative therapy.; Low back pain, pain in left hip, numbness, pain radiates down the leg, and muscle weakness; Steroid pack, and 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
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic Flank pain, worse when lying down and on trips. Unexplained.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Nausea and vomiting, intractability of vomiting not specified, unspecified vomiting type Abdominal pain, unspecified abdominal location History of cholecystectomy; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patent LFTs are extremely elevated and patient father has history of fatty liver and lupus.; 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	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	PAIN IN RUQ HURTS TO LEAN OVER DEVELOPES SWEATS AND VERY NAUSEOSEn; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Internal Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Flank 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.; 3 weeks; 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	2
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	11
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	THIS IS FOR A CTA CHEST ABD/PEL W CONTRAST. FOR ABDOMINAL AORTICANEURYSM (AAA) WITHOUT RUPTURE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Vaginal Bleeding, Cervical Cancer 2007, s/p XRT; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI; This study is being ordered for organ enlargement.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; hemochromatosis, evaluate fatty Liver.	1
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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 not had an abdominal ultrasound, CT, or MR study.;" Need renal imaging for small mass. X-Ray pain in limb right knee pain unspecified chronicity. No acute osseous or soft tissue abnormality is identified. there is an enthesophyte at the insertion site of the quadriceps tendon to the patella.	1
Internal Medicine	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.; Chest pain: This has been unremitting, and the patient had several episodes of chest pain and frequent episodes of shortness of breath and palpitations as well. Given the patient's history of smoking and strong family history of CAD, I am recommending a; Yes, there is Chronic Chest Pain.	1
Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.; Persistent chest pain with strong family history and history of smoking: We will get a coronary CTA to rule out underlying coronary artery disease. We will also get a gallbladder ultrasound to rule out gallstones. We will add the patient on ranitidine ; Yes, there is Chronic Chest Pain.	1
Internal Medicine	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	abnormal mammo; This is a request for Breast MRI; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Internal Medicine	Disapproval	77058 Magnetic resonance imaging, 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 known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Bradycardia: States that he has always had a low heart rate. He denies any palpitations. Denies any SOB. Does not take a BB that could lower his heart rate. Does go for 1.5 mile walk a day; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient does not have known diabetes	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt has a strong family history of ischemic heart disease, being the cause of death of his father; 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.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt. has hx of cardiac arrhythmia since 2008. Holter monitor confirms PVCs. pt. c/o dull ache in left chest most of the time and worsening 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 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
Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	abnormalities found on previous low dose ct scan back in 07/2017 now doing 12 month follow up, has hx smoking 30 pack per year and has quit less than 15 yrs ago.; This request is for a Low Dose CT 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.; 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.; 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.	1
Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for Vascular Disease.; 02/22/18; There has been treatment or conservative therapy.; follow up after the 4V that was done in Feb.; Unknown other than the 4V w/Right ICA stent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		worsening menstrual cycles. She wears two pad at a time and changes them every two hours. She was having terrible cramping pain as well until May. She underwent myomectomy in May with significant improvement in pain and some improvement in bleeding. I; 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
Interventional Radiologists	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	1
Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Interventional Radiologists	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.; 2/17/18; There has been treatment or conservative therapy.; 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
Nephrology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is 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
Nephrology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	1
Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	2
Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection); The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.	1
Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		cyst on kidney; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		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	2
Nephrology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unable to qualify for a transplant if they don't have test done. CTA portion to make sure she can have the blood flow to maintain a new organ.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Referred 02/21/2018; There has been treatment or conservative therapy.; End stage renal disease. Hypertension. Renal hyperparathyroidism, has had an heart attack coronary artery disease. Congestive heart failure. times 4 hearts stint placed in the past.; Hemo Dialysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material		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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 was approved in May 2018 for the MRI but was unable to make the appointment so we are needing to get it rescheduled however it is past the 90 status time so we are requesting a new auth approval. Thank you	1
Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 (anginal) 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	1
Nephrology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1
Nephrology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Nephrology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain 6 weeks ago, loss of function with only 45degree abduction, not rehab outpatient candidate; 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		< 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 does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Pt had a craniotomy; 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 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and/or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and/or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	15
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	5
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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	70490 Computed tomography, soft tissue neck; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient originally had symptomatic high grade coratid stenosis, on August 20 went under elective stenting, discharged a couple of days later on elokuist and aspirin; This study is 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 week; There has not been any treatment or conservative therapy.; Ongoing fatigue since procedure, labile blood pressure, intermittent expression fortascia starting last week; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	18
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; This study is being ordered for a neurological disorder.; 1 week ago; There has been treatment or conservative therapy.; shooting pain that radiates to left shoulder, 10/10 pain, dizziness, neck stiffness and neck pain, certain head movements bring on dizziness, spondylosis without myelopathy, cervical arthrodosis, weakness and numbness, paresthesias, spasms, decrease range; neck support, Nsaids, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	3
Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Cervical findings do not explain numbness/tingling; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; Neck pain/upper extremity pain and numbness and tingling; 3 weeks of physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for a neurological disorder.; 7/31/18; It is not known if there has been any treatment or conservative therapy.; HEASACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; & Enter date of initial onset here - or Type In Unknown If No Info Given &; It is not known if there has been any treatment or conservative therapy.; & Describe primary symptoms here - or Type In Unknown If No Info Given &; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& Enter answer here - or Type In Unknown If No Info Given. &; This study is 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.; HEADAHES, TMJ, ENLARGED PUPILS, CHIROPRACTIC 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	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; headaches neck pain dizziness numbness vision chages; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		annual surveillance of right parietal convexity meningioma. patient has metastatic breast cancer, with lesions on spine neurologist wants to make sure lesion found in her brain does not begin to get larger; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Cervical findings do not explain numbness/tingling; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; Neck pain/upper extremity pain and numbness and tingling; 3 weeks of physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Constitutional: Constitutional: no significant weight gain or loss and no fever.  Cardiovascular: Cardiovascular: no chest pain.  Respiratory: Respiratory: no shortness of breath.  Gastrointestinal: Gastrointestinal: no nausea, vomiting, constipatio; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		dermatomal changes tingling on the right side of the neck arm and torso; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown  Mr. Lemmons is a 42yo Caucasian male who returns today for followup. He is s/p gamma knife for right occipital metastasis for malignant melanoma in Dec 2014, and then another Gamma Knife for a left frontal convexity; This request is for a Brain MRI; The study is 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Home exercise done for neck; This study is being ordered for a neurological disorder.; 8/28/2017 had surgery and still having issues; There has been treatment or conservative therapy.; dizziness, vertigo, neck movement and exercise, neck stiffness; Sept 2017 surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Known to me . Mild Chiari I which is stable on MRI and T spine with slight increased syrinx axially but decreased length significantly with Diamox. Fell and hurt right hand. No obvious fracture on my review today. Neuro - intact. Will recheck MRI T spine I; This study is being ordered for Congenital Anomaly.; 8/2/16; 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 as signal intensity change in the cord as well.. She has had severe suboccipital headaches exacerbated by; Followed for chiari malformation and syrinx.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Mildly prominent sella , superficial draining venous malformation; This study is being ordered for a neurological disorder.; 12/2013; There has been treatment or conservative therapy.; Seizures, bruising of the head, recent vision changes, vertigo; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient has hydrocephalus; This request is for a Brain MRI; The study is 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 not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; It is not known if surgery is planned within the next 4 weeks.; It is not known if an operation for shunt placement (for brain fluid drainage) is being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient was referred back to Dr. Krishit by another neurosurgeon asking to consider whether or not her AVM needs to be investigated further.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Per op movement disorder; This request is for a Brain MRI; The study is 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	3
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	47
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	13
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	13
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		To check the growth of the 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.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		wanting to see if they need 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.; pain, from base of neck to tailbone , bowel and bladder dysfunction; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		; This study is being ordered for trauma or injury.; April 2018; There has been treatment or conservative therapy.; Pain with numbness; Hydrocodone/NSAIDS/Brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is felt that this most likely represents a benign hemangioma. However given its epidural location it may require intervention at some point. Sometimes hemangiomas will regress with therapy with aspirin and propranolol. Therefore I will go ahead and ; 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material			1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		Evaluation of cervical spine 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 have a Cervical Spine MRI	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		NECK PAIN, CERVICAL 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.; 08/27/2018; There has not been any treatment or conservative therapy.; neck pain, right hand weakness which has been progressive. She has had gait problems as well. She also has lumbar pain and complains of losing 4 inches. She continues to have problems with neck and innerscapular pain with shoulder pain and 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		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.; 5/19/2018; There has been treatment or conservative therapy.; a halo and tighten her bolts and almost 2 months out so this is when they are supposed to get the follow up to see how it is progressing.; patient was discharged from the hospital to rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		post surgery neck stiffness had surg june 11th then patient fall last week 8/14/2018 worried out pull out of screws lat c3 and c4; 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		pre operative; 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		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.	2
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		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 asymmetric reflexes.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	20
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		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.; 6/1/2018; There has been treatment or conservative therapy.; Pt has a knot in the soft tissue of the neck. Pt has had neck surgery in the past, difficulty swallowing and arm pain; anti-inflammatory 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	1
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		8/3/18 S/P T12/L1 block which gave her 2 weeks of near complete relief. Pending T9/T10 selective block. Will plan on intervention for degenerative disease, herniated disc and kyphosis at T12/L1 to include DLL/ fusion and possibly at T9/T10. Needs prep CT; This study is being ordered for a neurological disorder.; Patient has had spine sx. Notes will be uploaded.; There has been treatment or conservative therapy.; Patient has had spine sx. Notes will be uploaded.; Patient has had spine sx. Notes will be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72128 Computed tomography, thoracic spine; without contrast material		Known to me 12 weeks s/p T/L fusion for fracture/ dislocation. Current Xrays show stable postop result with excellent alignment. He remains paraparetic though he has had some definitive improvement - he is not ambulatory. Counseled on activities and to F/; This study is being ordered for trauma or injury.; 2/28/18; There has been treatment or conservative therapy.; This is a postop visit.; Decompressive lumbar laminectomy with medial facetectomy and foraminotomy for decompression; bilateral lateral arthrodesis T10 to L1; Ulrich Pedicle Screw instrumentation; MAP3, allograft, autograft 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	1
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		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 abnormal gait.; Yes this is a request for a Diagnostic CT	2
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient has some significant burning pain in his heel that I think is still residual from his residual cord impingement prior to his original thoracic surgery. He is also having some burning dysesthesia around his incision. His back is just not gettin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/30/2017; There has been treatment or conservative therapy.; HE IS three months out from his lumbar fusion and eight months out from his thoracic fusion. He does continue to have some low back pain that wraps around into his abdomen. He is also having some bilateral knee down into his feet numbness and tingling. Th; PATIENT HAS COMPLETED PHYSICAL THERAPY, SEVERAL INJECTIONS AND HAS HAD SURGERY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		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	2
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		unknown; 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

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/09/17; There has been treatment or conservative therapy.; back pain; BOTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Previous imaging showed left cerebellar developmental venous anomaly, a left temporal type 1 arachnoid cyst, and then mild subtle ectopia where the cerebellars are 3-4mm below the foramen magnum.; 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.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt with brain tumor never resected being followed every two years with MRI. Pt has no symptoms but has a frontal 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.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		see case N18081500008 - 055734989 brain CT denied -- notes** 8/17/2018 8:25:11 AM Jeffrey J Whitehouse, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by ALI KRISHT. Synopsis of discussion: s/p cerebellar stroke stenosis; 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.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Spina bifida with hydrocephalus.; This request is for a Brain MRI; The study is 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	12
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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 craniostenosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniostenosis).; The patient has a congenital abnormality.	3
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 an aneurysm.; This study is being ordered for neurological deficits.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		To evaluate for Chiari malformation.; This study is being ordered for Congenital Anomaly.; 4 months; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; 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; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for Congenital Anomaly.; 07/19/2018; There has been treatment or conservative therapy.; Tethered spinal cord; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.; 03/2018; There has been treatment or conservative therapy.; Hearing Loss, Visual Disturbance, Headaches, Neck Pain, Constipation; Medication Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		Cont w leftsided neck pain that radiates to the left shoulder and down the left arm to the fingertips. Described as a burning and numbness down the arm to the fingertips. Failed Physical therapy; 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; hyper reflex, and radiculopathy; physical therapy, injections, chiropractic, NSIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72125 Computed tomography, cervical spine; without contrast material		< 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	Approval	72125 Computed tomography, cervical spine; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		DIFFICULTY SWALLOWING; This study is being ordered for a neurological disorder.; 06/26/2018; There has been treatment or conservative therapy.; FELL, RIGHT NECK AND SHOULDER PAIN, WAEAKNESS OF THE RIGHT ARM; ANTI-INFLAMMATORY MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		mri doesn't show clear nerve roote compression; 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 Computed tomography, cervical spine; without contrast material		PAIN; This study is being ordered for trauma or injury.; 05/17/2018; There has been treatment or conservative therapy.; WEAKNESS; 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		the enhancement in the vertebral bodies adjacent to her previous surgery. I think it is more just kind of artifact. We are going to get a CT scan to give us a better idea what is going on. She does seem to have possibility of an adjacent level disc bel; 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 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		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
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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	Approval	72128 Computed tomography, thoracic spine; without contrast material		; 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
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		PAIN; This study is being ordered for trauma or injury.; 05/17/2018; There has been treatment or conservative therapy.; WEAKNESS; 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
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		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
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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	Approval	72131 Computed tomography, lumbar spine; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	8/3/18 S/P T12/L1 block which gave her 2 weeks of near complete relief. Pending T9/T10 selective block. Will plan on intervention for degenerative disease, herniated disc and kyphosis at T12/L1 to include DLU fusion and possibly at T9/T10. Needs prep CT; This study is being ordered for a neurological disorder.; Patient has had spine sx. Notes will be uploaded.; There has been treatment or conservative therapy.; Patient has had spine sx. Notes will be uploaded.; Patient has had spine sx. Notes will be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lumbar spine; without contrast material	DIFFICULTY SWALLOWING; This study is being ordered for a neurological disorder.; 06/26/2018; There has been treatment or conservative therapy.; FELL, RIGHT NECK AND SHOULDER PAIN, WAEAKNESS OF THE RIGHT ARM; ANTI-INFLAMMATORY MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Known to me 12 weeks s/p T/L fusion for fracture/ dislocation. Current XRays show stable postop result with excellent alignment . He remains paraparetic though he has had some definitive improvement - he is not ambulatory. Counseled on activities and to F/; This study is being ordered for trauma or injury.; 2/28/18; There has been treatment or conservative therapy.; This is a postop visit.; Decompressive lumbar laminectomy with medial facetectomy and foraminotomy for decompression; bilateral lateral arthrodesis T10 to L1; Ulrich Pedicle Screw instrumentation; MAP3, allograft, autograft 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	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	The patient has some significant burning pain in his heel that I think is still residual from his residual cord impingement prior to his original thoracic surgery. He is also having some burning dyesthesia around his incision. His back is just not gettin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/30/2017; There has been treatment or conservative therapy.; HE IS three months out from his lumbar fusion and eight months out from his thoracic fusion. He does continue to have some low back pain that wraps around into his abdomen. He is also having some bilateral knee down into his feet numbness and tingling. Th; PATIENT HAS COMPLETED PHYSICAL THERAPY, SEVERAL INJECTIONS AND HAS HAD SURGERY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for a neurological disorder.; 2006; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for a neurological disorder.; June 2018; There has been treatment or conservative therapy.; weakness , left lower extremity weakness and pain; astoid, epidural , muscle relaxers , gadapentin, 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 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.; Positive spread of Brachio-radialis reflex to finger flexors on the right. Positive spread of Brachio-radialis reflex to finger flexors on the left.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral neck pain that radiates to both shoulders with numbness to both hands. She is myelopathic with a positive bilateral Hoffmans; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; headaches neck pain dizziness numbness vision chages; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for trauma or injury.; April 2018; There has been treatment or conservative therapy.; Pain with numbness; Hydrocodone/NSAIDS/Brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Burning, shooting and stabbing 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.; 9/2016; There has been treatment or conservative therapy.; Chronic back and neck pain. Radicular symptoms to all extremities.; PT and epidural injections. Medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chiari I suspected. ? IHH /venous thrombosis. Will get MRV and spinal completion studies to R/O syringomyelia/ tethered cord. F/U after; This study is being ordered for Congenital Anomaly.; February 2018; There has been treatment or conservative therapy.; 27 year old female who was well until 2/18 when she developed ringing in her right then left ear and SN hearing deficit acc. to ENT. Also had transient tingling in extremities, headaches.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chiari I with IHH. worsening Chiari symptoms. Obtain MRI cine flow as well as spinal completions and F/U after. May need SOD.; This study is being ordered for Congenital Anomaly.; September 2016; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient is a self referral for neck pain and headaches that began in 2011. Patient has not had any imaging of the cervical spine since 2014. Patient takes Meloxicam daily.	1

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Our staff spoke with Mr. Denham who would like to reschedule the cervical epidural steroid injections that were cancelled earlier this year. He underwent one CESI in February 2018 for neck pain which relieved his pain by 80% for five months. The patient r	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 3 out of 5 bicep reflexes; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain is all the time and aggravated by standing, sitting, and walking. Goes down to left lower extremities down to the bottom of foot. HX of ACDF and L5s1 Fusion.; This study is being ordered for a neurological disorder.; 5/24/2018; There has been treatment or conservative therapy.; Left tingling and weakness. Neck and back pain.; Injections and insets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient chose not to have surgery last year and try conservative measures. Now her pain is back more severely and her MRI is over a year old. Need to evaluate need for surgery.; 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 not directed conservative treatment for the past 6 weeks.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient had mri 7/27/18 Compatible chiari 1 malformation with upper Cervical Cord syrinx; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Arthralgia, Fatigue, Nausea, Neck pain and numbness, visual changes, weakness; Massage Therapy, Chiropractic 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	patient is being evaluated for cervical myelomalacia; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Recurrent / new cervical radiculopathy. Needs Cspine MRI as hse has had little relief with steroids etc. F/U after.; 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 dropping things at times on left and has radiating pain to left lateral 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Right arm pain and weakness to involve small ring finger of the right hand. Xray was done with multiple degenerative disc disease. Had chiropractic treatment. Had medication therapy with 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 weakness.; Weakness 3/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	spinal arachnoid cyst; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	5
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	15
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; co neck pain radiating into right arm; went to Urgent Care it was so intense and was given steroid pack and pain meds which have given no relief; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	2
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, the patient does not demonstrate neurological deficits.; Yes, there is a documented evidence of extremity weakness on physical examination.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	tingling, neck pain, attempted PT but pain was to much to complete; 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, decreased ROM, spasms; 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

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		To evaluate for Chiari malformation.; This study is being ordered for Congenital Anomaly.; 4 months; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		UNKNOWN; This study is being ordered for Congenital Anomaly.; 06/19/2018; It is not known if there has been any treatment or conservative therapy.; CHAIRI MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 6/1/2018; There has been treatment or conservative therapy.; Pt has a knot in the soft tissue of the neck. Pt has had neck surgery in the past, difficulty swallowing and arm pain; anti-inflammatory 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	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; mbr syringomyelia tethered spine cord; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		wanting to see if they need 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.; pain, from base of neck to tailbone , bowel and bladder dysfunction; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; June 2018; There has been treatment or conservative therapy.; weakness , left lower extremity weakness and pain; astoid , epidural , muscle relaxers , gadapentin, 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; several years; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Home exercise , meds, steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		arachnoid cyst of spine, falls. leg weakness, spine surgery; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Known to me . Mild Chiari I which is stable on MRI and T spine with slight increased syrinx axially but decreased length significantly with Diamox. Fell and hurt right hand. No obvious fracture on my review today. Neuro - intact. Will recheck MRI T spine I; This study is being ordered for Congenital Anomaly.; 8/2/16; 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 as signal intensity change in the cord as well. She has had severe suboccipital headaches exacerbated by; Followed for chiari malformation and syrinx.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Pain is all the time and aggravated by standing, sitting, and walking. Goes down to left lower extremities down to the bottom of foot. HX of ACDV and L5s1 Fusion.; This study is being ordered for a neurological disorder.; 5/24/2018; There has been treatment or conservative therapy.; Left tingling and weakness. Neck and back pain.; injections and insets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; numbness and weakness in legs; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	11
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; An MRI Lumbar spine done on 9-13-18 showed an indeterminate lesion is seen in the conus medullaris. This could represent a demyelinating plaque. Neoplastic etiologies cannot be excluded. MRI of the brain, cervical and thoracic spine are recommended; wit	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; The patient complains of right shoulder blade and mid back pain that is increased since last year. conservative treatment has been attempted. A mri and Ct of the thoracic has been done on the patient. The images from the scans do not give a good picture of	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		To evaluate for Chiari malformation.; This study is being ordered for Congenital Anomaly.; 4 months; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Unknown; This study is being ordered for Congenital Anomaly.; 07/19/2018; There has been treatment or conservative therapy.; Tethered spinal cord; 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; mbr syringomyelia tethered spine cord; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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.; abnormal gait; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; back and neck pain, bilateral shoulder pain, right leg pain; injections, medications, 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		arachnoid cyst of spine, falls. leg weakness, spine surgery; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	CHECK FOR ANY SURGICAL CHANGES TO DUE ONSET INCREASING 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.; 07/17/2017; There has been treatment or conservative therapy.; PATIENT IS HAVING INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN AND NECK PAIN WITH BILATERAL ARM PAIN.; PATIENT HAS HAD SEVERAL ROUNDS OF INJECTIONS WITH PHYSICAL THERAPY. PATIENT HAS HAD A LUMBAR FUSION 1 YEAR AGO AND A CERVICAL FUSION 6 MONTHS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chiari I . To get cine flow and spinal completions to better eval. restart Topamax low dose (25mg/day) and Toradol prn for H/A. F/U when studies done. Robaxin for muscle spasm.; This study is being ordered for Congenital Anomaly.; Patient just said years.; There has been treatment or conservative therapy.; 32 year old female with history of chronic headaches for years and diagnosed with Chiari I in past. Persistent headaches despite treatment. Alos c/o visual blurriness at times, tinnitus, So pain exacerbated by Valsalva, occasional swallow issues, fine mot; Was referred to us by Dr. Daniel Watson. Notes to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chiari I (1.5), dysautonomia. To get MRI head cine as well as spinal completions. Refer to Dr. Greer. Probably will need SOD. ? syrxn. Tethered cord. CCI ? Will send for flex/ ext CV junction study as well. Probably has type I EDS/ simple hypermobility.; This study is being ordered for Congenital Anomaly.; 9/18/18, There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lumbar spine; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; hyper reflex, and radiculopathy; physical therapy, injections, chiropractic, NSIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lumbar spine; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	21
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	5
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	7
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	18
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	11
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chiari I suspected. ? IIH/ venous thrombosis. Will get MRV and spinal completion studies to R/O syringomyelia/ tethered cord. F/U after; This study is being ordered for Congenital Anomaly.; February 2018; There has been treatment or conservative therapy.; 27 year old female who was well until 2/18 when she developed ringing in her right then left ear and SN hearing deficit acc. to ENT. Also had transient tingling in extremities, headaches.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chiari I with IIH. worsening Chiari symptoms. Obtain MRI cine flow as well as spinal completions and F/U after. May need SOD.; This study is being ordered for Congenital Anomaly.; September 2016; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	chronic low back pain and mild tenderness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Derek A Hensley is a 29 y.o. male with a past medical history of anxiety who presents with a many year history of lower back pain that acutely worsened after a 10 foot fall 3 months ago while he was at work. He landed on his back and went to the hospital; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Intervertebral disc disorders with radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain down legs.; 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient had MRI 7/27/18 Compatible chiari 1 malformation with upper Cervical Cord syrinx; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Arthralgia, Fatigue, Nausea, Neck pain and numbness, visual changes, weakness, Massage Therapy, Chiropractic 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient had previous cervical 25 years ago.; This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; Back pain/neck pain/arm pain/numbness/tingling; Chiropractic care/acupuncture/OTC Naproxen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT HAD SURGERY IN MAY. SHE FELL A FEW DAYS AGO AND THIS IS A FOLLOW UP MRI FROM SURGERY AND HER FALL; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT IS HAVING EARLY MYELOPATHIC FINDINGS. SHE HAS right-sided low back pain that radiates into her right hip and right buttock and goes down the posterolateral aspect of her right lower extremity to her ankle. decreased strength in her leg.also has nu; This study is 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 IS HAVING EARLY MYELOPATHIC FINDINGS. SHE HAS right-sided low back pain that radiates into her right hip and right buttock and goes down the posterolateral aspect of her right lower extremity to her ankle. decreased strength in her leg.also has nu; PATIENT HAS HAD SEVERAL ROUNDS OF PHYSICAL THERAPY AND INJECTIONS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient is in too much pain for PT. Tried daily walking but that only makes it worse. Tried Medrol DosePak no help.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt started having pain down his right leg, and went to his PCP where they gave him steroid injection and tablets. They then started him on Ibuprofen 800mg TID.; 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 not seen the doctor more than once for these symptoms.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT HAS SURGERY 02/09/2018 OF THE LUMBAR, AT THAT TIME INSTRUMENT L5, S1 REGION, AFTER PATIENT WAS UNRESPONSIVE TO CONSERVATIVE TREATMENT. SINCE THAT TIME PATIENT HAS CONSISTENTLY COMPLAINED OF CONSISTENT RIGHT SIDED LEG AND FOOT PAIN, IN ADDITION TO LOW; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2000; There has not been any treatment or conservative therapy.; numbness in R fingers tingling weakness in R arm after sleep headache and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; back and neck pain, bilateral shoulder pain, right leg pain; injections, medications, 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-26-17; It is not known if there has been any treatment or conservative therapy.; neck pain and stiffness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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.; DThe patient is a 64 year old man who is currently evaluated for possible surgery of a symptomatic right inguinal hernia. During his encounter with Dr. James Walker, general surgeon, he told him he was having episodic numbness and weakness of the left 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHIARI 1 MALFORMATION WITH SYRINGOMYELIA; It is not known if there has been any treatment or conservative therapy.; CHIARI 1 MALFORMAITON; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		6 month 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	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		CHECK FOR ANY SURGICAL CHANGES TO DUE ONSET INCREASING 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.; 07/17/2017; There has been treatment or conservative therapy.; PATIENT IS HAVING INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN AND NECK PAIN WITH BILATERAL ARM PAIN.; PATIENT HAS HAD SEVERAL ROUNDS OF INJECTIONS WITH PHYSICAL THERAPY. PATIENT HAS HAD A LUMBAR FUSION 1 YEAR AGO AND A CERVICAL FUSION 6 MONTHS AGO.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Chiar 1 . To get cine flow and spinal completions to better eval. restart Topamax low dose (25mg/day) and Toradol prn for H/A. F/U when studies done. Robaxin for muscle spasm.; This study is being ordered for Congenital Anomaly; Patient just said years.; There has been treatment or conservative therapy.; 32 year old female with history of chronic headaches for years and diagnosed with Chiari I in past. Persistent headaches despite treatment. Alos c/o visual blurriness at times, tinnitus, So pain exacerbated by Valsalva, occasional swallow issues, fine mot; Was referred to us by Dr. Daniel Watson. Notes to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Cont w neck pain that radiates to bilateral shoulder area down the arms to the fingers with tingling. Pain radiates down the spine to the low back with the pain radiating.; 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.; Noted to have hyper reflexes with positive Hoffman's and clonus.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Further monitoring of spinal cord syrinx is needed.; This study is being ordered for trauma or injury.; 12/19/17; There has been treatment or conservative therapy.; Neck stiffness, neck pain, pain in shoulders with radiation into both hands; Physical Therapy, Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		He had acdf done 4/12/18, making sure he is healing and fusing correctly from that.  The headaches are getting more frequent and worse, vision being effected.  Radiculopathy causing stumbling and altered gait. legs, to feet numb, and burning. neck to h; This study is being ordered for a neurological disorder.; 07/30/18; There has been treatment or conservative therapy.; HEADACHES, BLURRED VISION, ALTERED GAIT, PAIN IN RIGHT ARM TO HAND, RADICULOPATHY, NUMBNESS AND TINGLING. Had a stellate ganglion block about a month ago.He said the day after that he started having a lot of numbness and tingling in his right leg and fo; MEDICATIONS, BRACE, ICE, HEAT, ALTERED LIFE STYLE, 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	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Known to me. Mild Chiari I which is stable on MRI and T spine with slight increased syrinx axially but decreased length significantly with Diamox. Fell and hurt right hand. No obvious fracture on my review today. Neuro - intact. Will recheck MRI T spine i; This study is being ordered for Congenital Anomaly.; 8/2/16; 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 exacerbated by; Followed for chiari malformation and syrinx.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		NECK PAIN, CERVICAL 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.; 08/27/2018; There has not been any treatment or conservative therapy.; neck pain, right hand weakness which has been progressive. She has had gait problems as well. She also has lumbar pain and complains of losing 4 inches. She continues to have problems with neck and innerscapular pain with shoulder pain and 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient had previous cervical 25 years ago.; This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; Back pain/neck pain/arm pain/numbness/tingling; Chiropractic care/acupuncture/OTC Naproxen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		PATIENT IS HAVING EARLY MYELOPATHIC FINDINGS. SHE HAS right-sided low back pain that radiates into her right hip and right buttock and goes down the posterolateral aspect of her right lower extremity to her ankle. decreased strength in her leg.also has nu; This study is 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 IS HAVING EARLY MYELOPATHIC FINDINGS. SHE HAS right-sided low back pain that radiates into her right hip and right buttock and goes down the posterolateral aspect of her right lower extremity to her ankle. decreased strength in her leg.also has nu; PATIENT HAS HAD SEVERAL ROUNDS OF PHYSICAL THERAPY AND INJECTIONS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Previous MRI of the brain shows a Chiari 1 malformation with crowding at the foramen magnum. A CINE flow study is needed to evaluate CSF flow at the skull base. Onset of seizures and loss of gag reflex.; This study is being ordered for Congenital Anomaly.; Onset of symptoms 1 month ago; There has been treatment or conservative therapy.; Severe headache, light intolerance, neck pain, dizziness, vertigo, seizures, weakness, loss of gag reflex; NSAIDS and pain medication attempted for headache relief. Keppra initiated for further seizure prevention.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Stable lumbar and cervical fusion with increased pain into left arm. Significant degenerative changes noted proximal to cervical fusion levels.; 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.; She states that during the trip she was assaulted with blows to the head/neck as well as asphyxiation. She notes posterior neck/head pain extending into the interscapular area (worse left than right) and into the Left lateral upper arm and dorsum of forea; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		STITCH T/L IN ONE CUT; thoracic disc; radiculopathy, neck pain, cervical radiulopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/13/2018; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The MRI of her head demonstrated Chiari 1 malformation with the possible cervical syrinx.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/20/2018; It is not known if there has been any treatment or conservative therapy.; This is a 7 y.o. female who had several episodes of focal seizure recently. She was seen and treated by our neurologist. An MRI of her head was done which revealed incidental finding of Chiari 1 malformation. She complains of her middle back pain once; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	5
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a facet joint injection.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 an Epidural.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	3
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	3
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	5
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	2
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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;	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	43
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	67
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a new foot drop.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The treatments that have been tried are: physical therapy and it has not helped., heat and it has not helped., muscle relaxer and it has not helped. and anti-inflammatories and it has not helped.; The study 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 continues to have Pain in her lower back and down her lateral right leg. She notes she has difficulty standing up straight and walking. Walking and putting pressure on the right leg increases her leg pain. Her leg pain also seems to be more severe at.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; L side low back, hip lateral thigh pain, numbness, ambulates with a cane, tingling weakness, numbness, decreased ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Has rt leg weakness. Decreased motor strength in hip flexer.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Unknown; This study is being ordered for Congenital Anomaly; 07/19/2018; There has been treatment or conservative therapy.; Tethered spinal cord; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 an oncologist, neurologist, neurosurgeon, or orthopedist.	3
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	23
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	3
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; mbr syringomyelia tethered spine cord; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		wanting to see if they need 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.; pain, from base of neck to tailbone , bowel and bladder dysfunction.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		laterally localized back pain with buttock pain. Pt is very concerned with Si joint dysfunction. pt states numbness and tingling on left side LE. No problems with ambulation. REFERRING FOR ESI VS DIAG SI BLOCK, NEED MRI FOR THEM.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5 WEEKS AGO; There has been treatment or conservative therapy.; PAIN; NERVE STUDY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has 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
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1

Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 evaluation of known tumor.	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	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
Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurologic signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This patient has signs of myelopathy on exam today. He is hyper reflexive in the lower extremities and has a positive ankle clonus. Hoffmann sign is negative however patient reports radicular type right arm pain. I will order an MRI of his cervical spi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2005; There has been treatment or conservative therapy.; HPI Roy G Sarlis is a very pleasant 58-year-old gentleman who comes to the clinic today, accompanied by his wife, for evaluation of neck and right arm pain. Patient reports that he has had neck pain since 2005 which he describes as stiff with a achy, pr; Physical therapy, epidural steroid injections, ice, heat and multiple NSAids and CBD oil with minimal relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 3 out of 5 bilateral 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Unknown; This study is being ordered for Congenital Anomaly.; 07/19/2018; There has been treatment or conservative therapy.; Tethered spinal cord; 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Thoracic Spine MRI was performed within the past 10 months.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2000; There has not been any treatment or conservative therapy.; numbness in R fingers tingling weakness in R arm after sleep headache and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-26-17; It is not known if there has been any treatment or conservative therapy.; neck pain and stiffness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for trauma or injury.; April 2018; There has been treatment or conservative therapy.; Pain with numbness; Hydrocodone/NSAIDS/Brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Analgesics on physical exam; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Muscle Fasciculations; Patient has had physical therapy as well as 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Chiar I . To get cine flow and spinal completions to better eval. restart Topamax low dose (25mg/day) and Toradol prn for H/A. F/U when studies done. Robaxin for muscle spasm.; This study is being ordered for Congenital Anomaly.; Patient just said years.; There has been treatment or conservative therapy.; 32 year old female with history of chronic headaches for years and diagnosed with Chiar I in past. Persistent headaches despite treatment. Alos c/o visual blurriness at times, tinnitus. So pain exacerbated by Valsalva, occasional swallow issues, fine mot; Was referred to us by Dr. Daniel Watson. Notes to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Chiar I (1.5), dysautonomia. To get MRI head cine as well as spinal completions. Refer to Dr. Greer. Probably will need SOD. ? syrxn. Tethered cord. CCI ? Will send for flex/ ext CV junction study as well. Probably has type I EDS/ simple hypermobility.; This study is being ordered for Congenital Anomaly.; 9/18/18; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Chiar I suspected. ? IIH/ venous thrombosis. Will get MRV and spinal completion studies to R/O syringomyelia/ tethered cord. F/U after; This study is being ordered for Congenital Anomaly.; February 2018; There has been treatment or conservative therapy.; 27 year old female who was well until 2/18 when she developed ringing in her right then left ear and SN hearing deficit acc. to ENT. Also had transient tingling in extremities, headaches. ; Clinicals to be uploaded. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Chiari I with IHH, worsening Chiari symptoms. Obtain MRI cine flow as well as spinal completions and F/U after. May need SOD; This study is being ordered for Congenital Anomaly.; September 2016; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Further monitoring of spinal cord syrinx is needed.; This study is being ordered for trauma or injury.; 12/19/17; There has been treatment or conservative therapy.; Neck stiffness, neck pain, pain in shoulders with radiation into both hands; Physical Therapy, Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient had mri 7/27/18 Compatible chiari 1 malformation with upper Cervical Cord syrinx; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Arthralgia, Fatigue, Nausea, Neck pain and numbness, visual changes, weakness; Massage Therapy, Chiropractic 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pt referred to Dr Raja for neurosurgical evaluation. New MRI with contrast needed to evaluate thoracic and lumbar spine; This study is being ordered for a neurological disorder.; Unknown - Longstanding, ongoing; There has been treatment or conservative therapy.; Left leg numbness and weakness, left-sided lumbar pain, balance issues; 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	spinal arachnoid cyst; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	STITCH T/L IN ONE CUT; thoracic disc; radiculopathy, neck pain, cervical radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/13/2018; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The MRI of her head demonstrated Chiari 1 malformation with the possible cervical syrinx.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/20/2018; It is not known if there has been any treatment or conservative therapy.; This is a 7 y.o. female who had several episodes of focal seizure recently. She was seen and treated by our neurologist. An MRI of her head was done which revealed incidental finding of Chiari 1 malformation. She complains of her middle back pain once; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 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 orthopedist.;" The study is being ordered due to known tumor with or without metastasis.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	2
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; Back pain and bilateral leg pain with numbness. Cord Compression seen at the T10T11 level on MRI of lumbar spine.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of septic arthritis or discitis (i.e., infected disk).; The study is being ordered due to known or suspected infection or abscess.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This patient has signs of myelopathy on exam today. He is hyper reflexive in the lower extremities and has a positive ankle clonus. Hoffmann sign is negative however patient reports radicular type right arm pain. I will order an MRI of his cervical spi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2005; There has been treatment or conservative therapy.; HPI Roy G Sarlis is a very pleasant 58-year-old gentleman who comes to the clinic today, accompanied by his wife, for evaluation of neck and right arm pain. Patient reports that he has had neck pain since 2005 which he describes as stiff with a achy, pr; Physical therapy, epidural steroid injections, ice, heat and multiple NSAids and CBD oil with minimal relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	UNKNOWN; This study is being ordered for Congenital Anomaly.; 06/19/2018; It is not known if there has been any treatment or conservative therapy.; CHAIRI MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	< 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	< 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 body; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/09/17; There has been treatment or conservative therapy.; back pain; BOTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2006; 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; several years; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Home exercise, meds, steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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.	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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.; returns after PT and is still having 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	5
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for trauma or injury.; April 2018; There has been treatment or conservative therapy.; Pain with numbness; Hydrocodone/NSAIDs/Brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		08/28/2018 patient is 4 months status post altercation.; 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?; 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.; On 06/05/18 the patient was prescribed using Lumbar traction as well as home exercises from her last time she was in physical therapy She was instructed to discontinue if painful. Prescription for tramadol and cyclobenzaprine sent to pharmacy at that tim	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Burning, shooting and stabbing 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.; 9/2016; There has been treatment or conservative therapy.; Chronic back and neck pain. Radicular symptoms to all extremities.; PT and epidural injections. Medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Further monitoring of spinal cord syrinx is needed.; This study is being ordered for trauma or injury.; 12/19/17; There has been treatment or conservative therapy.; Neck stiffness, neck pain, pain in shoulders with radiation into both hands; Physical Therapy, Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		mri 3 years showed generative disc disease, tingling pain radiating down to both discs. is on pain 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.; weakness lower extremity, motor strength bilateral is 4 out of 5.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		New Patient; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient falls due to right lower extremity weakness, had to quit exercising because of it, changed his quality of life. Unable to do exercise or physical therapy, pain is 10/10 and increasing, has been taking Hydrocodone and anti-inflammatories. Was doing; The study 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 lower extremity, he falls frequently; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has 2 years of LBP radiating to her left leg that was intermittent but became worse and constant about 7 weeks ago. Her MRI shows left L5/S1 foraminal stenosis from disk osteophyte and foraminal collapse.; The study 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.; Deep Tendon Reflexes: Biceps Right 2+ Left 2+ Triceps Right 2+ Left 2+ Brachioradialis Right 2+ Left 2+ Knee Jerks Right 2+ Left 2+ Ankle Jerks Right 2+ Left 2+	1

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt referred to Dr Raja for neurosurgical evaluation. New MRI with contrast needed to evaluate thoracic and lumbar spine; This study is being ordered for a neurological disorder.; Unknown - Longstanding, ongoing; There has been treatment or conservative therapy.; Left leg numbness and weakness, left-sided lumbar pain, balance issues; 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
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had a MRI Cervical spine and we are looking for a bony compression of the spinal cord prior to chiari surgery.; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 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.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/07/2015; There has been treatment or conservative therapy.; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	S/P anterior then posterior lumbar fusion. Known anterior plate screw fracture. Hardware and fusion OK on studies today. Persistent LBP. Will obtain MRI L/S and CT L/S at one year post op to reveal. ? Issues at L4/L5.; This study is being ordered for Congenital Anomaly.; 7/21/2015; There has been treatment or conservative therapy.; Lumbosacral spondylosis without myelopathy - Onset: 01/12/2015 Degeneration of lumbosacral intervertebral disc Mechanical low back pain Scoliosis deformity of spine Spondylolisthesis; Had Anterior Lumbar Fusion on 1/14/16 and Posterior Lumbar Fusion on 8/16/17.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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 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
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 07/09/2018; It is not known if there has been any treatment or conservative therapy.; Persistent back pain 6 weeks after suffering two compression fractures; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 deltoid, reflex abnormality para spinous area on the left side; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 2016; There has been treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  Pt, injections ,meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 11/25/2016; There has been treatment or conservative therapy.; Cervical radiculopathy ICD-10-CM: M54.12 ICD-9-CM: 723.4  Neck pain ICD-10-CM: M54.2 ICD-9-CM: 723.1; Neck Surgery was provided; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	AP and lateral cervical spine x-rays today demonstrate Mid cervical disc height loss with multiple osteophytes and narrowing. I ordered a C-spine MRI to delineate any bony, soft tissue, nervous system, and/or other pathology which could account for the pa; 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 presents with new onset of sharp, tingling, numb, aching neck and Right C8 radicular pain that she rated 7/10 on pain scale.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Attempted PT could not finish due to 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.; Arm heavy and neck 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Exhibits tenderness, spinus process tenderness. decreased range of motion.; This study is being ordered for a neurological disorder.; About 9/10/18 gradually worsening; There has been treatment or conservative therapy.; Pt is having pain shooting and aching, radiates bil arm. aggravated by bending.; Medications and some PT for 4 weeks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	female with a previous MVA in 2013. PT states that her neck pain is constant and is getting progressively worse. Pt has numbness and tingling in both upper and lower extremities. Difficulty with ambulation. Difficulty with dexterity. Limited ROM. Failed c; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Difficulty with dexterity. Limited ROM. deep tendon reflexes abnormal.numbers and tingling in both upper extremities. getting progressively 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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; neck/back and lower extremity pain; Injections in neck/Ibuprofen/Norco/Flexaril; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	RIGHT UPPER EXTREMITY NUMBNESS, POST TERIOR NECK PAIN; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms not explained on MRI of lumbar spine, further testing required; This study is being ordered for trauma or injury.; June 3,2018; There has been treatment or conservative therapy.; Lower back pain radiating to lower extremities with numbness and tingling. Some urinary incontinence recently.; Pain medications as well as home 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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 completed 6 weeks of physical therapy?	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		spinal arachnoid cyst; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		STITCH T/LIN ONE CUT, thoracic disc; radiculopathy, neck pain, cervical radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/13/2018; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Sudden onset of lower extremity 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.; 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The MRI of her head demonstrated Chiari 1 malformation with the possible cervical syrinx.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/20/2018; It is not known if there has been any treatment or conservative therapy.; This is a 7 y.o. female who had several episodes of focal seizure recently. She was seen and treated by our neurologist. An MRI of her head was done which revealed incidental finding of Chiari 1 malformation. She complains of her middle back pain once; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient cont to have increased pain despite conservative treatment.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	2
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above;&t;Enter Additional Clinical Information&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 dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracic HMP. Cervical radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; unknown; Pt received PT, injections and anti-inflammatory 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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 recent evidence of a thoracic spine fracture.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; CHIARI 1 MALFORMATION WITH SYRINGOMYELIA; It is not known if there has been any treatment or conservative therapy.; CHIARI 1 MALFORMAITON; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Concerned regarding etiology of left leg pain after fall.; This study is being ordered for trauma or injury.; August 2018; There has been treatment or conservative therapy.; Patient complains of lower back pain, right leg pain, numbness and tingling.; Steroid injections/Cymbalta/tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	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.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracic HMP. Cervical radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 have new or changing neurologic signs or symptoms.; There is weakness.; rt lower ext.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Concerned regarding etiology of left leg pain after fall.; This study is being ordered for trauma or injury.; August 2018; There has been treatment or conservative therapy.; Patient complains of lower back pain, right leg pain, numbness and tingling. ; Steroid injections/Cymbalta/tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Document exam findings: low back pain with numbness which can radiate down both legs. Some weakness in LE lower back pain. Neurological: no headache, weakness, or speech difficulties and numbness/tingling. Reflexes: deep tendon reflexes 2+ bilaterally thr; 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 with numbness which can radiate down both legs. Some weakness in LE lower back pain. Neurological: no headache, weakness, or speech difficulties and numbness/tingling. Reflexes: deep tendon reflexes 2+ bilaterally throughout. Hoffman's Re; 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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low Back pain with leg pain and 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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; neck/back and lower extremity pain; Injections in neck/Ibuprofen/Norco/flexaril; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents with mid to low back pain with muscle weakness and radicular pain.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has low back pain that radiates to the right lower extremity. The pain is worse when he drives. Right leg gives out sometimes. Prior MRI done 3/7/2017 shows multilevel spondylosis with significant disc herniations in the right foraminal /extra-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.; Motor strength in right lower extremity 4+/5 proximally; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	S/P anterior then posterior lumbar fusion. Known anterior plate screw fracture. Hardware and fusion OK on studies today. Persistent LBP. Will obtain MRI L/S and CT L/S at one year post op to reveal. ? Issues at L4/L5.; This study is being ordered for Congenital Anomaly.; 6/12/15; There has been treatment or conservative therapy.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more than once for these symptoms.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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.; Lower Extremity: Knee Extension Right 5/5 Left 5/5 Knee Flexion Right 5/5 Left 5/5 Hip Flexor Right 5/5 Left 5/5 Dorsiflexion at the ankle Right 5/5 Left 5/5  Plantar Flexion Right 5/5 Left 5/5 Extensor Hallucis Longus Right 5/5 Left 5/5 Fin	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; There is weakness.; The patient is noted to have a moderate antalgic gait.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; unknown; Pt received PT, injections and anti-inflammatory 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	09/19/2018 patient with 2 year history of back and left leg pain described as L5 radiculopathy he has had negative MRI scan in the past he has been through physical therapy Pain Management. ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	complaints of coccyx pain and intermittent numbness of her feet; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Ms Sexton is a 60 year old that was to return for review an MRI of the hip however apparently this was not approved therefore she has not had the MRI done. She continues to have Pain in her lower back and down her lateral right leg. She notes she has di; 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 tall bone pain or injury.	1
Neurological Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 WEEKS AGO; There has been treatment or conservative therapy.; PAIN; NERVE STUDY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	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.; 06/15/2018; There has been treatment or conservative therapy.; NECK PAIN, WEAKNESS, NUMBNESS, SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	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. >;	1
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	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.;	1
Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Neurological Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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, EBCT, 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	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; migraine TIA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		38-year-old lady presents as a new patient though years ago I had seen her with some neuropathy and staring spells. She is now started to have syncope. She spent all 4 for about 4 months. Symptoms have been present for about 5-6 months. Generally she ; This study is being ordered for a neurological disorder.; approximately January of 2018.; It is not known if there has been any treatment or conservative therapy.; Her head will start to feel weird. She then gets some shortness of breath followed by some heart palpitations. She gets dizzy and lightheaded. Her eyes twitch. She notices a pushing sound in her ears. She will sometimes fall. No real loss of conscio; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		headaches. Bilateral, throbbing, 9/10 in severity, aggravated by light and noise, associated with nausea.He has 2 migraines per day. This started this last February. He did not have any history of migraines before that. Likely migrainous. He is already o; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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?	9
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	3
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	3
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	115
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		To evaluate for Chiari malformation.; This study is being ordered for Congenital Anomaly.; 4 months; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		UNKNOWN; This study is being ordered for Congenital Anomaly.; 06/19/2018; It is not known if there has been any treatment or conservative therapy.; CHAIRI MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; stroke; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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	7
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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	2
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT Angiography of head and neck is warranted to evaluate for a basilar artery insufficiency; This study is being ordered for a neurological disorder.; June, 2018; There has been treatment or conservative therapy.; Unknown; Started on ASA and Lipitor. MRI of the brain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up to cerebral arteriogram 4 vessel from 03/29/18; This study is being ordered for a neurological disorder.; 02/13/18; There has been treatment or conservative therapy.; History of prior stroke, vision in her right eye was affected, inability to abduct the right eye, noninvasive imagine was identified to have a weblike greater than 95% stenosis of the supraclinoid left internal carotid artery. We need to do a follow up e; Aspirin 81mg, Lipitor 10mg, Plavix 75mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Known stroke found on MRI Brain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/28/2018; There has not been any treatment or conservative therapy.; Known stroke in left pons found on MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a follow up study to check her progress.; This study is being ordered for a neurological disorder.; 02/09/2018; There has been treatment or conservative therapy.; complained of worsening headaches and speech difficulties at the time.  3/14/18 office visit left temporal headache, pain & blurred vision in left eye, nausea, dizziness  We need f/u scans to check on her progress; Amlodipine 2.5 mg, 2X daily Aspirin 81 mg 1X daily Valsartan 80 mg 1X 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a follow up to his stroke. Scans are required to further evaluate his need for intervention.; This study is being ordered for a neurological disorder.; 11/30/2017; There has been treatment or conservative therapy.; follow up for stroke from 11/30/17. He had left sided pain in the neck, right sided weakness, dysarthria with persistent vertical nystagmus.; Aspirin, Plavix, Lipitor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		to check for other causes of the headache; This study is being ordered for a neurological disorder.; April, 2017; There has been treatment or conservative therapy.; Headaches occur daily once or twice a day, describes as sharp and worsens when she coughs and located in the right supra-orbital area, blurred vision; 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Aphasia, bilateral tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/19/2018; There has not been any treatment or conservative therapy.; Headache, pressure behind the eyes, dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unknown; This study is being ordered for trauma or injury; 07/09/2018; It is not known if there has been any treatment or conservative therapy.; Persistent back pain 6 weeks after suffering two compression fractures; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72192 Computed tomography, pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	6
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; It is not known if there is documented findings of delayed healing.; It is not known if there are physical or plain film findings of prosthetic device dislocation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone);. The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	3
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone);. The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; stroke; 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; migraine TIA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		38-year-old lady presents as a new patient though years ago I had seen her with some neuropathy and staring spells. She is now started to have syncope. She spent all 4 for about 4 months. Symptoms have been present for about 5-6 months. Generally she ; This study is being ordered for a neurological disorder.; approximately January of 2018.; It is not known if there has been any treatment or conservative therapy.; Her head will start to feel weird. She then gets some shortness of breath followed by some heart palpitations. She gets dizzy and lightheaded. Her eyes twitch. She notices a pushing sound in her ears. She will sometimes fall. No real loss of conscio; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		39-year-old lady with episodes of syncope and vertigo. With her being able to exhibit her symptoms by moving her head to the side him more at about posterior vasculature. I will set her up for a CTA of the head and neck. The headaches are much better o; This study is being ordered for a neurological disorder.; Syncope started before first visit on 09/06/17 Vertigo started on 05/22/2018; There has been treatment or conservative therapy.; Dizziness and Syncope.; 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
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up study to check on aneurysm; This study is being ordered for a neurological disorder.; 04/09/18; There has been treatment or conservative therapy.; left mesopontine parenchymal hemorrhage  right sided weakness; 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
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		patient has been passing out without any reason; This study is being ordered for a neurological disorder.; 08/10/2018; There has not been any treatment or conservative therapy.; patient passed out; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone);. The patient 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	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1

Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.	2
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Pt, injections, meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	He has an exquisitely positive straight leg sign on the right side with minimal hip extension. occipital HA's since April. Dizzy, radiculopathy.; This study is being ordered for trauma or injury.; This is a 22-year-old Caucasian gentleman with right-sided lumbar radiculopathy, dizzy. Having  bad occipital HA's since April, he plays baseball for Louisiana Tech. He presents today with complaints of severe radicular pain radiating into the right leg; There has been treatment or conservative therapy.; occipital HA's since April. dizzy, radiculopathy.; rest, medication, heat, ice, massage, and physical therapy.  He has been active in sports and dr wants to rule out brain or cervical injury that could be contributing to his headaches, dizziness and radiculopathy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		previous head injury; This study is being ordered for a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; left facial numbness imbalance severe falls with bruising palpitations; 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; This study is being ordered for Vascular Disease.; June, 2018; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(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.; 2015; There has been treatment or conservative therapy.; dysconjugate eye movements; 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 Magnetic resonance angiography, head; without contrast material(s)		< 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
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Patient reports sudden bilateral visual loss for the past month. Patient has seen Ophtho, who reports palid bilateral optic disks c/w papilledema.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	11
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	3
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		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.	2
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		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.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 is experiencing dizziness.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.; It is unknown why this study is being ordered.	1

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4/3/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/29/2013; There has been treatment or conservative therapy.; MS relapse, Pain in the arm and shoulder, neck issues.; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2018; There has not been any treatment or conservative therapy.; fever, numbness in arms and legs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	18
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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).	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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).	5
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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); 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; 07/18/2018; There has been treatment or conservative therapy.; Pain.; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; optic neuritis. Two weeks ago she had acute onset of numbness and tingling to her toes bilaterally. It has moved up her legs and is now present at her knees down. It is fairly symmetric but left may be worse than right.; 53-year-old lady presents returns with optic neuritis. Two weeks ago she had acute onset of numbness and tingling to her toes bilaterally. It has moved up her legs and is now present at her knees down. It is fairly symmetric but left may be worse than right; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; 11/2013; There has been treatment or conservative therapy.; Multiple Sclerosis, relapsing remitting; copaxone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2016; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING IN HANDS AND FEET.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is 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.; dysconjugate eye movements; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is 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.; memory loss and neuropathy in all extremities; The patient is currently on gabapentin for treatment of her neuropathic symptoms. In the past she was on Lyrica but could not tolerate the medication  Aricept; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is 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.; confusion, fatigue, ocrelizumab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		58-year-old lady presents with concern for stroke. They feel like it happened around October or November. However the onset seems to be more gradual. She started having slurred and slowed speech. Previously spoke rapidly. She had more trouble getting; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		6/21/18 MRI thoracic spine without contrast There are 3 segmental lesions in the thoracic spinal cord, at T1, T10, and T11. Findings are suspicious for sequela from multiple sclerosis although other etiologies are considered. Recommend contrast-enhanced; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		ABNL MRI BRAIN W/O... CEREBRAL CYSTS  Numbness, tingling, and dizziness.light-headed on standing.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		dizziness tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		evaluation of left hand tremor and recent falls. She says that she noticed the tremor around four weeks ago.its like left hand 4,5 fingers move on thier own. intermittent. reports having occasional gait imbalance and had 2 falls in the last. 9 months. It; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Facial numbness, arm numbness, ataxic gait; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		have reviewed MR cervical and thoracic spine from 9/7/2018. She has a few disc bulges and both cervical and thoracic spine which do not compress on the spinal cord nor exiting nerve roots. This does not explain her difficulty walking nor incontinence.; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		headache for 1 yr worse in the last 5 months. head trauma. right side headache front to back sharp pain, daily 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Headache, chronic, new features or neuro deficit Seizures new or progressive; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		In regard to his back pain will get an MRI noncontrast lumbar spine to assess the degree of fractures.; This study is being ordered for trauma or injury.; August 2015; There has not been any treatment or conservative therapy.; Chronic lower back pain with radicular symptoms more on left side, history of fractures of the back and numbness type changes in the leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		migraines and now facial twitching; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		migraines; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		minimal cognitive impairment essential tremor; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Mr. Brown is a 25 year old man who comes to the clinic today for evaluation of motor tics. He presents today with his mother who helps provide his history. When he was in 5th grade he was first diagnosed with motor tics as his eye and head would often twitch; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Mr. Cooper is a 34 year old man who comes to the clinic today for evaluation of headaches. He first started having frequent headaches about a year to a year and a half ago. He feels a pressure type of pain along the top of his head and at times will feel; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MVA on 7/22, patient was in a coma. Follow up; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Neurologic examination is stable. patient has been doing clinically very well on Tysabri for the past 2 years. However, she just not want to take the medication any longer. Her JC virus antibody is now positive at 0.88, and even though her risk of PML 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.; 7/09/2016; There has been treatment or conservative therapy.; She does have some complaints of increased fatigue over the past month. She has some occasional numbness and tingling in her fingertips off and on which is chronic and unchanged. No symptoms in the torso or lower extremities. She is walking normally.   She's been on Tysabri for slightly over 2 years. Her last infusion was 6/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		none; This study is being ordered for a neurological disorder.; 03/01/18; There has been treatment or conservative therapy.; Migraines, nausea, dizziness, and vertigo.; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		On June 29 he was helping a neighbor driving a post in the ground. About 15 minutes later he was on a carport. He had a box that needed to go in the trash but instead he put it into the back of a truck. He then fell down. When his girlfriend found; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		our pt is a 45 year old female with hx of a coma who is now experiencing memory disturbance as well as tremor and inability to sleep.; This request is for a Brain MRI; The study is 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient has a pseudo tumor and we need to see if the tumor is growing because of headaches; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient has sinus disease; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is a 56 year old male who is beginning to experience cognitive impairment who has not had any radiology testing done to examine his head and see if there is a cause.; This request is for a Brain MRI; The study is 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is having daily chronic to severe headache unresponsive to medication.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PATIENT WITH NEW EPISODES OF SYNCOPE AND TRANSIENT ALTERATION OF AWARENESS; This request is for a Brain MRI; The study is 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		previous head injury; This study is being ordered for a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; left facial numbness imbalance severe falls with bruising palpitations; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt had 6 months of headaches associated w/nausea and vomiting and family HX of migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PT IS HAVING HEADACHES AND SEVERE NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		r/o spinalbifida; This study is being ordered for a neurological disorder.; 07/31/2018; There has been treatment or conservative therapy.; numbness, tingling, weakness, arm strength very weak, motor skills decreased in both hands; pt 2015.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient reports that she started having headaches at the age of fourteen. She reports that this started menses at the age of twelve. The patient reports that about two months ago her headaches changed. The mother has noticed she will become irritable; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	24
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	27
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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.	14
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.	3
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.; 11/25/2016; There has been treatment or conservative therapy.; Cervical radiculopathy ICD-10-CM: M54.12 ICD-9-CM: 723.4  Neck pain ICD-10-CM: M54.2 ICD-9-CM: 723.1; Neck Surgery was provided; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	HPI: Patient is a 37 y.o. F with history of congenital scoliosis sp long segment fusion with Harrington rod at 17 who presents to clinic for evaluation of back and leg pain. She had been doing well until about 1 year ago when she developed new neck and b; This study is being ordered for Congenital Anomaly.; 07/09/17; There has not been any treatment or conservative therapy.; with history of congenital scoliosis sp long segment fusion with Harrington rod at 17 who presents to clinic for evaluation of back and leg 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
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 01/07/2015; There has been treatment or conservative therapy.; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	HPI: Patient is a 37 y.o. F with history of congenital scoliosis sp long segment fusion with Harrington rod at 17 who presents to clinic for evaluation of back and leg pain. She had been doing well until about 1 year ago when she developed new neck and b; This study is being ordered for Congenital Anomaly.; 07/09/17; There has not been any treatment or conservative therapy.; with history of congenital scoliosis sp long segment fusion with Harrington rod at 17 who presents to clinic for evaluation of back and leg 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
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	S/P anterior then posterior lumbar fusion. Known anterior plate screw fracture. Hardware and fusion OK on studies today. Persistent LBP. Will obtain MRI L/S and CT L/S at one year post op to reveal. ? Issues at L4/L5.; This study is being ordered for Congenital Anomaly.; 6/12/15; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 is not known if the patient has had back pain for over 4 weeks.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; insurance in affect now; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 been treatment or conservative therapy.; back and neck pain; Pain Management as well as 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

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Disc herniation and cord contusion. Patient has had a cervical fusion. Symptoms have improved since surgery however still has weakness and balance problems.; 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 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.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He has an exquisitely positive straight leg sign on the right side with minimal hip extension. occipital HA's since April. Dizzy, radiculopathy; This study is being ordered for trauma or injury.; This is a 22-year-old Caucasian gentleman with right-sided lumbar radiculopathy, dizzy. Having  bad occipital HA's since april, he plays baseball for Louisiana Tech. He presents today with complaints of severe radicular pain radiating into the right leg; There has been treatment or conservative therapy.; occipital HA's since April. dizzy, radiculopathy.; rest, medication, heat, ice, massage, and physical therapy.  He has been active in sports and dr wants to rule out brain or cervical injury that could be contributing to his headaches, dizziness and radiculopathy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the cervical spine performed in October 2017 reveals cervical spondylosis at C4-5 and C5-6 she does have some bilateral degenerative changes at C5-6 but it does not appear obvious that her right C6 nerve root is being compressed. She has osteophyte; 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.; Cervical spondylosis at C4-5 and C5-6 clinically she has a right C6 radiculopathy and although she has degenerative changes at those 2 levels on the MRI performed in October 2017 there is no obvious nerve root compression that I can see. I told her that h; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with cervical stenosis and left upper extremity radiculopathy.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	ROM in cervical spine is 70% and a foramen compression test of Spurling is positive on the left; 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.; joint swelling and muscle 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She also complains of neck pain. This has been persistent. She is prescribed Norco and Gabapentin but states she is not taking this medication. She has seen Dr. David Rubin in the past and was treated conservatively for her cervical spine with CESIs in 20; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Surgery or Fracture within the last 6 months	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Worsened neck pain and left upper extremity pain despite physical therapy, oral steroids, and epidural steroid injections. Previous MRI shows multilevel cervical spondylosis with varying degrees of foraminal 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 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents with mid to low back pain with muscle weakness and radicular pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. s/p F-LAMI FOR SPUR/ DISC STENOSIS, paraparesis and cord signal change. Has TLSO. Ambulating better. Wound C/D/I. Has heaviness in his legs at times. To start PT. Counseled on activity. Xrays today with stable post op result. F/U in 6 weeks, wear brace as; This study is being ordered for a neurological disorder.; 4/22/18; There has been treatment or conservative therapy.; Pt feels like he is carrying a 50 lb wt on his back. Pt is numb from navel all the way down to legs. When he stands, he has the worst spasms hes ever had in his life; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms not explained on MRI of lumbar spine, further testing required; This study is being ordered for trauma or injury.; June 3,2018; There has been treatment or conservative therapy.; Lower back pain radiating to lower extremities with numbness and tingling. Some urinary incontinence recently.; Pain medications as well as home 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
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	2

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; leg weakness, abnormal gate, electrical shock & mid back pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Left Leg	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	7
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; CHIARI 1 MALFORMATION WITH SYRINGOMYELIA; It is not known if there has been any treatment or conservative therapy.; CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 been treatment or conservative therapy.; back and neck pain; Pain Management as well as 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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Exhibits tenderness. spinus process tenderness. decreased range of motion.; This study is being ordered for a neurological disorder.; About 9/10/18 gradually worsening; There has been treatment or conservative therapy.; Pt is having pain shooting and aching, radiates bil arm. aggravated by bending.; Medications and some PT for 4 weeks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient c/o LBP that began in December, 2015 when she fell landing on her buttock. Pain starts in the patient's back and radiates to her buttock. Patient has had physical therapy and steroid injections since the fall, but nothing has helped. She takes Ale; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient with persistent back and right hip pain. He has been diagnosed with psoriatic arthritis and he attributes much of his pain to this.; The study 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.; Patella: right 2+, left 2+  Achilles: right 2+, left 2+.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	S/P anterior then posterior lumbar fusion. Known anterior plate screw fracture. Hardware and fusion OK on studies today. Persistent LBP. Will obtain MRI L/S and CT L/S at one year post op to reveal. ? Issues at L4/L5.; This study is being ordered for Congenital Anomaly.; 7/21/2015; There has been treatment or conservative therapy.; Lumbosacral spondylosis without myelopathy - Onset: 01/12/2015 Degeneration of lumbosacral intervertebral disc Mechanical low back pain Scoliosis deformity of spine Spondylolisthesis; Had Anterior Lumbar Fusion on 1/14/16 and Posterior Lumbar Fusion on 8/16/17.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	s/p t-LAMI FOR SPUR/ DISC STENOSIS, paraparesis and cord signal change. Has TLSO. Ambulating better. Wound C/D/I. Has heaviness in his legs at times. To start PT. Counseled on activity. Xrays today with stable post op result. F/U in 6 weeks, wear brace as; This study is being ordered for a neurological disorder.; 4/22/18; There has been treatment or conservative therapy.; Pt feels like he is carrying a 50 lb wt on his back. Pt is numb from navel all the way down to legs. When he stands, he has the worst spasms he ever had in his life; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Known or suspected tumor with or without metastasis	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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
Neurological Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 06/15/2018; There has been treatment or conservative therapy.; NECK PAIN, WEAKNESS, NUMBNESS; SURGERY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	s/p t-LAMI FOR SPUR/ DISC STENOSIS, paraparesis and cord signal change. Has TLSO. Ambulating better. Wound C/D/I. Has heaviness in his legs at times. To start PT. Counseled on activity. Xrays today with stable post op result. F/U in 6 weeks, wear brace as; This study is being ordered for a neurological disorder.; 4/22/18; There has been treatment or conservative therapy.; Pt feels like he is carrying a 50 lb wt on his back. Pt is numb from navel all the way down to legs. When he stands, he has the worst spasms he's ever had in his life; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurological Surgery	Disapproval	76390 Magnetic resonance spectroscopy	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	19
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	5
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniostenosis);. The patient has a congenital abnormality.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	17
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	57
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 an aneurysm.; This study is being ordered for neurological deficits.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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).	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 diagnosis of Parkinson's.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include one sided arm or leg weakness.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 sudden and severe.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		tremors in hands getting worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; seizures, headache, memory loss; Ativan, Lamictal, Gabapentin, Topamax  EEG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.; 2015; There has been treatment or conservative therapy.; multiple sclerosis, abnormal signal posterior aspect of cervical spinal cord, demyelinating process, increase of fatigue, mood swings, numbness tingling of left arm from shoulder to fingertips feels like pins & needles, unable to pick up foot, blurred vis; medication, EMG in 2015, C-spine MRI 2015, T-Spine MRI 2015, lumbar puncture in 2015, infusions.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Vertigo - Neurological examination is normal Vertigo likely secondary to BPPV.get MRI brain to rule out intracranial causes.No prior history of heart, pain, spine surgeries. She smokes half a pack per day, does not abuse alcohol or illicit drugs. In the p; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Worsening tremors and has developed a rest tremor.; 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.; It is not known when the recent trauma or injury to the head occurred.	1
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This study is being ordered for a neurological disorder.; 7/29/2013; There has been treatment or conservative therapy.; MS relapse, Pain in the arm and shoulder, neck issues.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; This study is being ordered for a neurological disorder.; N/a; There has been treatment or conservative therapy.; &t; Describe primary symptoms here - or Type In Unknown If No Info Given &t; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &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.; &t; Enter date of initial onset here - or Type In Unknown If No Info Given &t; It is not known if there has been any treatment or conservative therapy.; &t; Describe primary symptoms here - or Type In Unknown If No Info Given &t; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	14
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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.; frequent falling; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; optic neuritis. Two weeks ago she had acute onset of numbness and tingling to her toes bilaterally. It has moved up her legs and is now present at her knees down. It is fairly symmetric but left may be worse than right.; 53-year-old lady presents returns with optic neuritis. Two weeks ago she had acute onset of numbness and tingling to her toes bilaterally. It has moved up her legs and is now present at her knees down. It is fairly symmetric but left may be worse than rig; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; October 1, 2015; There has been treatment or conservative therapy.; Leg weakness, frequent falls; Patient has had several rounds of physical therapy since 2015 for weakness and falls; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; TRIPLE STUDY MEANS AUTOMATIC REVIEW, WILL SEND CLINICALS; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2008; There has been treatment or conservative therapy.; neck and middle back pain with associated dizziness and headaches. He reports his pain started ten years ago. He denies any trauma or MVA. The pain has continued to worsen over the years. He describes the pain as an aching pain that is constant. If he ben; physical therapy, NSAIDs, muscle relaxers, 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

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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.; memory loss and neuropathy in all extremities; The patient is currently on gabapentin for treatment of her neuropathic symptoms. In the past she was on Lyrica but could not tolerate the medication  Aricept; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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.; confusion, fatigue, ocrelizumab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		48-year-old lady with previous stroke and diagnosis of multiple sclerosis. I asked her to take gabapentin 300 mg BID for symptoms. She can also try Baclofen as needed to see if it is helpful. Will send her for annual imaging of her brain and cervical spine; This study is being ordered for a neurological disorder.; February 2015; There has been treatment or conservative therapy.; Right sided pain and numbness. Achy, numb pain and discomfort in right hip, posterior leg, and foot.; Patient is currently taking Tecfidera; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Abnormal reflexes, Ataxic Gait, Incontinence of bowel and bladder.; This study is being ordered for trauma or injury.; 03/29/2018; There has not been any treatment or conservative therapy.; Ataxia, hyper-reflexia, incontinence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		cervical radiculopathy at C6, checking for compression and/or bulging disk; 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 left arm , pain radiates down his left arm down to fingers, shocking and burning sensation in left arm, left are swollen.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Developmental regression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/6/18; There has not been any treatment or conservative therapy.; Frequent fall and hyperreflexia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Jason R Umfleet is a 37 year old gentleman with no significant past medical history was recently diagnosed with Multiple Sclerosis after being admitted here for bilateral LE paraesthesias x 2 months and bilateral LE weakness x 1 month. And urinary retensi; This study is being ordered for a neurological disorder.; reassess disease burden from MS, new onset of lower extremity weakness; There has been treatment or conservative therapy.; intermittent numbness and constant tingling in waist down. He reports increased falls recently. He also states brain "fog" is worse.; MRI-Brain & C spine-next available -dexamethasone 4 mg, 12 tablets in AM and noon for 3-5 days, take with OTC prilosec for increase stomach acid while on steroids -Lab: CBC, ALT, AST, UA - Continue Aubagio, if changes on MRI will consider changing DMT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		neck and LBP x several years. N T sensation R TO L UE, RUE weakness with grip No leg pain No gait balance disturbance No acute changes in bowel bladder Tmt in last 6 months has included chiropractic care, PT, stretching, home exercise program, NSAIDs ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		neck pain that is radiating into the right arm; 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		need to confirm or rule out myelopathy; This study is being ordered for a neurological disorder.; 1/1/18; There has been treatment or conservative therapy.; patient has symptoms consistent with myelopathy.; &t; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &t; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		need to evaluate for any disc abnormalities or spinal stenosis that is compromising the spinal cord; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain in cervical and lumbar spine with radicular symptoms in arms and legs - both pain and weakness; he is on anti-inflammatory medications and has done back exercises with stretching without relief of his symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		NERVE CONDUCTION RESULTS ARE: THESE FINDINGS ARE CONSISTENT WITH A LEFT C-5 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.; NECK PAIN,NECK WEAKNESS,LEFT HAND FINGERS 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Neurologic examination is stable. patient has been doing clinically very well on Tysabri for the past 2 years. However, she just not want to take the medication any longer. Her JC virus antibody is now positive at 0.88, and even though her risk of PML 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.; 7/09/2016; There has been treatment or conservative therapy.; She does have some complaints of increased fatigue over the past month. She has some occasional numbness and tingling in her fingertips off and on which is chronic and unchanged. No symptoms in the torso or lower extremities. She is walking normally.   ; She's been on Tysabri for slightly over 2 years. Her last infusion was 6/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Progressive weakness and bulbar signs: Symptoms are most consistent with MND; 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		PT IS HAVING HEADACHES AND SEVERE NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Right arm pain: He started having excruciating right arm pain at around 1 week ago. 10/10 in severity. It lasted for 2-4 days and then slowly started getting better. Not back to baseline. But he has been noticing weakness in the right hand. He is unable to; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		slight increase in the number of MS lesions in the brain and in the cervical spinal cord.; This study is being ordered for a neurological disorder.; He had multiple cervical cord lesions seen in 2015 scan, but improved on 2016 study. We will need to monitor him closely.; There has been treatment or conservative therapy.; Patient presented with left upper and bilateral lower extremity symptoms and an MRI of the brain and cervical spine showed slight increase in MS lesions although no enhancement was seen; Treated With IV Solu-Medrol and continued Betaseron; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Spinal cord disease - Since in the spinal cord is of unknown etiology. The fact that it has been there for the past 5 years favors benign etiology. I will obtain MRI cervical and thoracic spine with and without contrast to further evaluate the settings.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< Enter answer here - or Type in Unknown if No Info Given. >; This study is being ordered for a neurological disorder.; 06/19/2018; There has not been any treatment or conservative therapy.; Headache, pressure behind the eyes, dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; migraine TIA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; TIA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		39-year-old lady with episodes of syncope and vertigo. With her being able to exhibit her symptoms by moving her head to the side him more at about posterior vasculature. I will set her up for a CTA of the head and neck. The headaches are much better o; This study is being ordered for a neurological disorder.; Syncope started before first visit on 09/06/17 Vertigo started on 05/22/2018; There has been treatment or conservative therapy.; Dizziness and Syncope.; 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		62-year-old lady with bilateral infarct. Concern for embolic disease. I am going to workup for cardioembolic source though with her active cancer she is hypercoagulable. Will likely have to consider Elixquis. I will first get a CTA of her head and nec; This study is being ordered for a neurological disorder.; Around 1 week ago; It is not known if there has been any treatment or conservative therapy.; 62-year-old lady presents with stroke. She has stage IV non-small cell lung cancer though her overall cancer status has been improving she is not curable. She had some vertigo. It was primarily when she was standing up she would have a spinning sensati; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up study to check on aneurysm; This study is being ordered for a neurological disorder.; 04/09/18; There has been treatment or conservative therapy.; left mesopontine parenchymal hemorrhage  right sided weakness; 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		patient has been passing out without any reason; This study is being ordered for a neurological disorder.; 08/10/2018; There has not been any treatment or conservative therapy.; patient passed out; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		previous head injury; This study is being ordered for a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; left facial numbness imbalance severe falls with bruising palpitations; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; This study is being ordered for Vascular Disease.; June, 2018; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	9
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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	6
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; 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	2
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; TIA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		62-year-old lady with bilateral infarct. Concern for embolic disease. I am going to workup for cardioembolic source though with her active cancer she is hypercoagulable. Will likely have to consider Eliquis. I will first get a CTA of her head and nec; This study is being ordered for a neurological disorder.; Around 1 week ago; It is not known if there has been any treatment or conservative therapy.; 62-year-old lady presents with stroke. She has stage IV non-small cell lung cancer though her overall cancer status has been improving she is not curable. She had some vertigo. It was primarily when she was standing up she would have a spinning sensati; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT Angiography of head and neck is warranted to evaluate for a basilar artery insufficiency; This study is being ordered for a neurological disorder.; June, 2018; There has been treatment or conservative therapy.; Unknown; Started on ASA and Lipitor. MRI of the brain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up to cerebral arteriogram 4 vessel from 03/29/18; This study is being ordered for a neurological disorder.; 02/13/18; There has been treatment or conservative therapy.; History of prior stroke, vision in her right eye was affected, inability to abduct the right eye, noninvasive imagine was identified to have a weblike greater than 95% stenosis of the supraclinoid left internal carotid artery. We need to do a follow up e; Aspirin 81mg, Lipitor 10mg, Plavix 75mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Known stroke found on MRI Brain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/28/2018; There has not been any treatment or conservative therapy.; Known stroke in left pons found on MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a follow up study to check her progress; This study is being ordered for a neurological disorder.; 02/09/2018; There has been treatment or conservative therapy.; complained of worsening headaches and speech difficulties at the time.  3/14/18 office visit left temporal headache, pain & blurred vision in left eye, nausea, dizziness  We need f/u scans to check on her progress; Amlodipine 2.5 mg, 2X daily Aspirin 81 mg 1X daily Valsartan 80 mg 1X 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a follow up to his stroke. Scans are required to further evaluate his need for intervention.; This study is being ordered for a neurological disorder.; 11/30/2017; There has been treatment or conservative therapy.; follow up for stroke from 11/30/17. He had left sided pain in the neck, right sided weakness, dysarthria with persistent vertical nystagmus.; Aspirin, Plavix, Lipitor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Aphasia, bilateral tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	5
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Headache: She has history of suspected idiopathic intracranial hypertension based on LP in 07/2017.  Patient could not tolerate Topamax in the past due to allergic reaction and could not tolerate amitriptyline due to side effects. Since last visit, she; This study is being ordered for trauma or injury.; 7/2018; There has been treatment or conservative therapy.; constant right-sided headache, worse when looking down, initially with nausea, chiropractor therapy helping   some neck pain, worse when bending over   abnormal eye exam; seeing a Chiropractor for therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Patient reports sudden bilateral visual loss for the past month. Patient has seen Optho, who reports palid bilateral optic disks c/w papilledema.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		< 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 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 Magnetic resonance angiography, head; without contrast material(s)		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; This study is being ordered for 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	26
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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;	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, infection or abscess.; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; 46 year old woman with new onset of vertigo and worsening headaches. Vestibular neuronitis or vestibular migraine are possible, but she has some spasticity and hyperreflexia that warrant evaluation for demyelinating disease.; 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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	44
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	5
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 2014; There has been treatment or conservative therapy.; Blurred vision and headaches with numbness and stiffness.; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Weakness in eh legs and BP.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Problem with PT Gait.; PT did not help.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		white matter changes; This study is being ordered for a neurological disorder.; 02/01/2018; There has been treatment or conservative therapy.; eye pain, vision changes, seeing spots, headaches, pain to head and neck, indigestion; 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 Magnetic resonance angiography, head; without contrast material(s)		all s/s from neurologists review/ assessment suggest increased ICP; 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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		none; This study is being ordered for a neurological disorder.; 03/01/18; There has been treatment or conservative therapy.; Migraines, nausea, dizziness, and vertigo.; 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 Magnetic resonance angiography, head; without contrast material(s)		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
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	6
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	3
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.	1
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; 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.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise. There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; Patient has MS is having increasing weakness in BLE	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; Patient has new symptoms of MS hug correlating with thoracic spine disease. need mri to assess.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; N/a; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; optic neuritis. Two weeks ago she had acute onset of numbness and tingling to her toes bilaterally. It has moved up her legs and is now present at her knees down. It is fairly symmetric but left may be worse than right.; 53-year-old lady presents returns with optic neuritis. Two weeks ago she had acute onset of numbness and tingling to her toes bilaterally. It has moved up her legs and is now present at her knees down. It is fairly symmetric but left may be worse than rig; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 11/2013; There has been treatment or conservative therapy.; Multiple Sclerosis, relapsing remitting; copaxone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; TRIPLE STUDY MEANS AUTOMATIC REVIEW, WILL SEND CLINICALS; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2018; There has not been any treatment or conservative therapy.; Abnormal gait; Dementia; previous mri showed spinal stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Developmental regression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/6/18; There has not been any treatment or conservative therapy.; Frequent fall and hyperreflexia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Spinal cord disease - Since in the spinal cord is of unknown etiology.  The fact that it has been there for the past 5 years favors benign etiology.  I will obtain MRI cervical and thoracic spine with and without contrast to further evaluate the settings.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; proceed with thoracic MRI , r/o myelopathy -given her examination showed knee flexor weakness graded at 4- bilaterally and hyperreflexia.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; 2015; There has been treatment or conservative therapy.; multiple sclerosis, abnormal signal posterior aspect of cervical spinal cord, demyelinating process, increase of fatigue, mood swings, numbness tingling of left arm from shoulder to fingertips feels like pins & needles, unable to pick up foot, blurred vis; medication, EMG in 2015, C-spine MRI 2015, T-Spine MRI 2015, lumbar puncture in 2015, infusions.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lft; Enter answer here - or Type In Unknown If No Info Given. &lft;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above &lft; Enter answer here - or Type In Unknown If No Info Given. &lft;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lft; Enter date of initial onset here - or Type In Unknown If No Info Given &lft;; It is not known if there has been any treatment or conservative therapy.; &lft; Describe primary symptoms here - or Type In Unknown If No Info Given &lft;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lft; Enter answer here - or Type In Unknown If No Info Given. &lft;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lft; Enter date of initial onset here - or Type In Unknown If No Info Given &lft;; There has been treatment or conservative therapy.; &lft; Describe primary symptoms here - or Type In Unknown If No Info Given &lft;; Meds &lft; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lft; Enter answer here - or Type In Unknown If No Info Given. &lft;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lft; Enter date of initial onset here - or Type In Unknown If No Info Given &lft;; There has been treatment or conservative therapy.; FINGER NUMBNESS GAIT ABNORMALITY SHARP WAVES DOWN NECK, BACK, SHOULDER AND FEET; MEDS 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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.; continuing back pain even after conservative treatment; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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.; STILL HAS SYMPTOMS	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Strength. Right Foot 4+/5 dorsiflexion, plantar flexion. and a abnormal NCV/EMG; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for a neurological disorder.; TRIPLE STUDY MEANS AUTOMATIC REVIEW, WILL SEND CLINICALS; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1. Leg Pain &lft; Onset: 6 months ago. Severity level is moderate. Location: left leg. The pain radiates to the left foot. The pain is burning, dull and throbbing. Context: there is no injury. The pain is aggravated by walking and standing. Associated; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Developmental regression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/6/18; There has not been any treatment or conservative therapy.; Frequent fall and hyperreflexia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		DID of lumbar, lower back pain, memory loss; The study 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Enter answer here tension headaches, numbness and tingling, lumbar spondylosis- 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		hyperreflexic with positive hoffmans sign on rt lasgues sign in back abnormal emg with mild acute and chroni denervation in c5-6 distribution on the rt and chronic denervation I-5 distribution on left; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/05/2016; There has been treatment or conservative therapy.; pain in all extremities &lft; neck pain to right arm&lft; back pain to left leg&lft; decreased strength and grip&lft; numbness and tingling&lft; swelling in extremities&lft; back spasms &lft; hyperreflexic with positive hoffmans sign especially on the rt&lft; suspect spinal cord injury as; injections, physical therapy and medication - symptoms are 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

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		In regard to his back pain will get an MRI noncontrast lumbar spine to assess the degree of fractures.; This study is being ordered for trauma or injury.; August 2015; There has not been any treatment or conservative therapy.; Chronic lower back pain with radicular symptoms more on left side, history of fractures of the back and numbness type changes in the leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT IS CONTINUING PAIN EVEN WITH CONSERVATIVE TREATMENT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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. This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Raised PSA; 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
Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3
Neurology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; 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	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; This study is being ordered for a neurological disorder.; HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; There has been treatment or conservative therapy.; HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Multiple Sclerosis and Weak on RIGHT side; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.	3

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Multiple Sclerosis and Weak on RIGHT side; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	4
Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Headache; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2016-Headache; There has been treatment or conservative therapy.; Migraine with status migrainosus  not intractable.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)	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
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 8/23/18; There has been treatment or conservative therapy.; ; NASIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	CVA; This study is being ordered for a neurological disorder.; 11/30/2017; There has been treatment or conservative therapy.; Right sided paralysis, slurred speech and headache; Cerebral arterialgram; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; seizures, headache, memory loss; Ativan, Lamictal, Gabapentin, Topamax  EEG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; This study is being ordered for seizures.; It is unknown if there has been a change in seizure pattern or a new seizure.; It is unknown if this is a new patient.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	3
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	2
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	2
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; It is unknown if there has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2011-2012 (Unsure of exact date of onset); There has been treatment or conservative therapy.; Atypical facial pain, chronic daily headaches, memory loss; Gabapentin, Amitriptyline, Magnesium, Trazodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	53-year-old gentleman with what sounds to be a paroxysmal positional vertigo versus postconclusional syndrome. We will also check an MRI to look for any areas of damage from the motorcycle wreck and unconsciousness. He will call with changes or concerns.; 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	55-year-old with chronic daily headache at this point time some response to Topamax I think it is reasonable to go ahead and increase the Topamax up to her milligrams twice a day had a long discussion with her that I suspect that probably pain medications; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Assess for further treatment options; This study is being ordered for trauma or injury.; 06/13/2018; There has been treatment or conservative therapy.; Pain; 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Headache; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2016-Headache; There has been treatment or conservative therapy.; Migraine with status migrainosus  not intractable.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Imaging is being requested for a follow-up for moyamoya.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 is experiencing vertigo	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Compression 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. The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1
Neurology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	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.; 9/5/18; There has not been any treatment or conservative therapy.; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	5
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; decreased range of motion, patient 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2011-2012 (Unsure of exact date of onset); There has been treatment or conservative therapy.; Atypical facial pain, chronic daily headaches, memory loss; Gabapentin, Amitriptyline, Magnesium, Trazodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness/tingling and back pain radiating into extremities.; This study is being ordered for a neurological disorder.; 09/01/2017; There has been treatment or conservative therapy.; numbness and tingling in extremities, back pain; spine injections, 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	positive for back pain w numbness and tingling in feet  positive for neck pain w numbness and tingling in arms; This study is being ordered for a neurological disorder.; jan 2018; There has not been any treatment or conservative therapy.; numbness and tingling in feet  neck pain w numbness and tingling in arms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She apparently was involved in motor vehicle accident in which her seatbelt was on an air bag deployed this could have aggravated her symptoms that she started noticing worsening of symptoms a couple of years ago. She was seen by Dr. Evans the orthopedist; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Juvenile arthritis Child has mild prolongation of F waves on EMG. Could be a sign of proximal demyelinating neuropathy. Need imaging. Exam normal.; 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.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; History / Dx: M54.16 Lumbar radicular pain  History / Dx: M54.2 Cervical spine pain,back pain, pain in right leg, neck pain, pain caused by standing or sitting,resent illness: 1. Back pain  Onset: 16 years ago. Symptoms are aggravated by sitting an	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 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.	2
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	uploaded additional clinical on line; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; electrical shock sensation, lip, nostril, chin numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 05/01/2008; There has been treatment or conservative therapy.; neck and middle back pain with associated dizziness and headaches. He reports his pain started ten years ago. He denies any trauma or MVA. The pain has continued to worsen over the years. He describes the pain as an aching pain that is constant. If he ben; physical therapy, NSAIDs, muscle relaxers, 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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING CHRONIC PROBLEMS WITH NECK AND BACK PAIN FOR A LONG TIME. HAS HAD LUMBAR DISSECTOMY. HAS HAD INTERMITTENT RADIATION INTO BOTH SHOULDERS, HAS SPASMS IN BOTH LOWER EXTREMITIES, HAS USED GABAPENTIN, NSAIDS AND MUSCLE RELAXERS FOR THE PAIN. HAS HAD ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Anthony Poe is an 47 y.o. year old male, unemployed since January 2018; that presents with lower back pain and bilateral hips.it was caused by a fall that occurred in 18 years old off a ladder. He has had lower back pain since then. Once he fell off the l; 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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 08/2016; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING IN HANDS AND FEET.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	History / Dx: M54.16 Lumbar radicular pain  History / Dx: M54.2 Cervical spine pain, back pain, pain in right leg, neck pain, pain caused by standing or sitting. This 38 year old female presents for Back pain, Neckpain and mva.  History of Present I; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above numbness/tingling and back pain radiating into extremities.; This study is being ordered for a neurological disorder.; 09/01/2017; There has been treatment or conservative therapy.; numbness and tingling in extremities, back pain; spine injections, 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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	positive for back pain w numbness and tingling in feet  positive for neck pain w numbness and tingling in arms; This study is being ordered for a neurological disorder.; jan 2018; There has not been any treatment or conservative therapy.; numbness and tingling in feet  neck pain w numbness and tingling in arms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having increased pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 TRIPLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; TRIPLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD NOTES.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	WE HAVE ORDERED AN MRI OF BRAIN AND CERVICAL SPINE AND WE ARE NEEDING AN MRI OF HIS L PINE DUE TO WORSENING SYMPTOMS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	kidney stone; 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
Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI hip with and without contrast with additional medial cuts to view the sciatic nerve to assess.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Neurology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	WE HAVE ORDERED AN MRI OF BRAIN AND CERVICAL SPINE AND WE ARE NEEDING AN MRI OF HIS L PINE DUE TO WORSENING SYMPTOMS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having increased pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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.; 2014; There has been treatment or conservative therapy.; Blurred vision and headaches with numbness and stiffness.; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Specialist has requested lab results from primary but have not received them yet.; 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
Neurology	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	pt is having chronic headaches associated with neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1
Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
OB/Gynecology	Approval	70450 Computed tomography, head or brain; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
OB/Gynecology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
OB/Gynecology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	1
OB/Gynecology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	1
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&It; 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
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&It; Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; &It; 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
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		elevated prolactin; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		; 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 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	72131 Computed tomography, lumbar spine; without contrast material		Diagnostic study; This study is being ordered for a neurological disorder.; 05/23/2017; There has been treatment or conservative therapy.; Pudendal Neuralgia; Neurontin 300 mg capsule; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72192 Computed tomography, pelvis; without contrast material		&It; 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	Approval	72192 Computed tomography, pelvis; without contrast material		47 year old patient who came to physician's office with pain during and after sexual activity; also accompanying spotting as well; patient has hysterectomy in 2009; and present again 7/2/18 with continued increase of complaints; the physician suggest CT b; 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	Approval	72192 Computed tomography, pelvis; without contrast material		gartner duct cyst; 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	Approval	72192 Computed tomography, pelvis; without contrast material		S/P surgery RLQ 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	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	C/O severe menstrual cramps to where she feels like she's going to pass out they're so bad. Had US done that showed a right ovarian cyst and the left ovary was not visualized. MRI of pelvis recommended for further evaluation.; 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.	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	FOLLOW UP; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	none; 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
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pt having discharge.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2018, There has not been any treatment or conservative therapy.; Pain, vaginal bleeding, ovarian mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	5
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	< 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 abnormal.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	< 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 performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being 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	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has scar from C-Section that has not yet healed, is causing severe pain, fever (source unknown); This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; 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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	3

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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 something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	7
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<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
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.; 45-year-old female presents complaining of Henry menstrual cycles since early June every 3 weeks had several months of amenorrhea prior to this the patient had stopped her birth control pills due to menometrorrhagia physical exam HEENT pupils equal round	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, 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.; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		also for genetic testing for breast cancer; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFORMATION HAS BEEN UPLOADED.; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		High Lifetime Risk 23%; Patient is developing asymmetry in both breasts, family history of breast cancer in mother; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Lifetime risk based on Cusick 7 risk assessment model is 22.5%. Family history of breast cancer, mother age 61, maternal Aunt age unknown.; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Patient is high risk, with a large number of family members with breast cancer; recent breast cyst required aspiration/bx.; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		PT'S lifetime is high at 28.5%, there is family history of breast cancer known in Sister and Aunt, patient also presented with fibroglandular density and BI-Rads Cat 1, negative causing Radiologist to recommend MRI.; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		This is a request for Breast MRI; This is a request for Breast MRI; This study is being ordered for known breast lesions.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.; There are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, 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 Magnetic resonance imaging, 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).	6

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/5/18; There has not been any treatment or conservative therapy.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
OB/Gynecology	Approval	77058 Magnetic resonance imaging, 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 Magnetic resonance imaging, 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
OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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; 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
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 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
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.); The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 been a change in seizure pattern or a new seizure.; This is not a new patient.	1

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; 08/03/2018; There has been treatment or conservative therapy.; INJECTIONS EVERY 3 WEEKS we provided bilat gon injections today we will see if insurance will approve these injections for every 3 weeks until her pregnancy is over we will refer her back to Dr. Chako to check her visual fields in case she needs fenest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; 8/23/18; There has been treatment or conservative therapy.; NASIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; October 1, 2015; There has been treatment or conservative therapy.; Leg weakness, frequent falls; Patient has had several rounds of physical therapy since 2015 for weakness and falls; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		48-year-old lady with previous stroke and diagnosis of multiple sclerosis. I asked her to take gabapentin 300 mg BID for symptoms. She can also try Baclofen as needed to see if it is helpful. Will send her for annual imaging of her brain and cervical spin; This study is being ordered for a neurological disorder.; February 2015; There has been treatment or conservative therapy.; Right sided pain and numbness. Achy, numb pain and discomfort in right hip, posterior leg, and foot.; Patient is currently taking Tecfidera; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	71250 Computed tomography, thorax; without contrast material	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
OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 8/27/18; There has not been any treatment or conservative therapy.; left upper quadrant abdominal pain, enlarged spleen on US, Possible fluid on the left on US; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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, EBCT, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Vaginal mass, vaginal pain and pressure, exam revealed a large cystic mass of left vaginal wall 8cm on informal ultrasound; 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
OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 8/27/18; There has not been any treatment or conservative therapy.; left upper quadrant abdominal pain, enlarged spleen on US, Possible fluid on the left on US; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; 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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		55-year-old lady with positional vertigo. I gave her the instruction sheet to perform the Epley maneuver at home. If this does not help with her vertigo she is going to call us and we can send for PT for vestibular therapy. Check EEG and MRI. 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		7/19/2018 She is here for a follow-up visit unaccompanied.  After stopping caffeine she did not have any fasciculations for 5 days then she started having again although she thinks the intensity may have been slightly less. She has fasciculations in the ; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Abnormal MRI of brain showing T2 Hyperintensity. Needing a repeat MRI.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Assessment/ Plan 51 year old woman with frequent headaches. She is taking Imitrex and NSAIDs at least once most days and may be having some rebound component. She is also having significant neck pain running into both arms. She is following with Dr. Schi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAST 3 YEARS; There has been treatment or conservative therapy.; HEADACHES, MIGRANES WITH NECK PAIN; CHIROPRACTOR, IMITREX, BIOFREEZE, TOPAMAX, EXCEDRIN, IBUPROFEN, ALEVE, EXCEDRIN MIGRANE, GABAPETININ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Characterize seizures with this MRI. Therapeutic on medication, still having breakthrough 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chronic anxiety - Onset: 08/01/2017; Migraine variants - Onset: 08/01/2017; Paresthesia of upper limb - Onset: 09/05/2018 The spells consisted of numbness and tingling of the right face, arm, and speech difficulties that lasted 30-45 minutes each; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chronic intractable migraine without aura; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here tension headaches, numbness and tingling, lumbar spondylosis- 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		episodes of confusion dizziness difficulty with speech double vision etiology which is not clear differential would include TIA other possibilities include partial seizure or certainly could be related to anxiety at this point time he does have risk factor; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Episodic migraine and migrainous 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		father had an aneurysm, she was born with an aneurysm.; She is having migraines multiple times a month. ; Want to setup MRI to see if there is an aneurysm causing the 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Having increased number of HAs with change in symptoms; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Headache: She has history of suspected idiopathic intracranial hypertension based on LP in 07/2017. ; Patient could not tolerate Topamax in the past due to allergic reaction and could not tolerate amitriptyline due to side effects. ; Since last visit, she ; This study is being ordered for trauma or injury.; 7/2018; There has been treatment or conservative therapy.; constant right-sided headache, worse when looking down, initially with nausea, chiropractor therapy helping ; some neck pain, worse when bending over ; abnormal eye exam; seeing a Chiropractor for therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 are unknown.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has had pudendal neuralgia for the past year and it is increasingly getting worse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	abnormal breast US; 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	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Occupational Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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.; 4 months ago; There has been treatment or conservative therapy.; loss of vision; 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	1
Occupational Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 4 months ago; There has been treatment or conservative therapy.; loss of vision; 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	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; 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	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Imp: r/o horner's syndrome vs headache syndrome    V: facial light touch sensation Decreased sensation in R V2/3 distribution  II: pupils Equal, round, reactive to light; B/I discs appear normal. On R there is an accumulation o; This study is being ordered for a neurological disorder.; 08/24/2016; There has been treatment or conservative therapy.; she cannot sweat on the R side of her face for 2 years along with pounding headache in occipital region on the R with decreased concentration and sensation on the R face (v2/3) Pressure type around the R eye ball: it comes ago can be 7/10 to 10/10. Has o; Physical Therapy  Cervical Disc Disease Care Instructions given to the Patient in 04/09/2018. low dose tricyclic: nortriptyline 10mg qhs  will hold on sumatriptan until vascular imaging obtained; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		increasing ha w/ataxia; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		kaori malformation; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Mr. Bruce R Britt is a 58 y.o. male Who has a lot of pains in his L shoulder, elbow, and hand that he will see Ortho for very soon. He sees me today because he coughs so much to the point that he almost passes out or falls down. "and the other times, I ; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Mrs. Olivia Bauschlicher presents to the Neurology Clinic today to follow up after her SDEEG. SDEEG results reviewed with pt. The SDEEG was normal. There were some abnormalities noted on the regular EEG. Discussed plan of care with Dr. Chan. At this time ; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Ms Mancia is a 47 yr old woman who presents to the clinic for evaluation of headaches. she has a history of Migraines but feels the recent headaches for over 3 weeks have been different. No photophobia/ nausea/ vision changes with headaches. Also reports ; 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Ms. Duffell is a 34 year old woman who comes to the clinic today for evaluation of migraines. For several years she has been having migraines, but over time they have started to become worse. She does report having a MVA over 7 years ago and then 5 years ; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		muscle weakness throughout body, gradual onset starting in hand; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Neurological, deficits, tremors, drabkinesia; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		New patient to our clinic comes in with chronic reoccurring headache with spells of dizziness and not feeling right.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		None: 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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		not known; This study is being ordered for a neurological disorder.; 7/3/18; There has not been any treatment or conservative therapy.; Numbness and tingling sensation of skin, One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		RESTAGING PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for staging.; 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 why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1

Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		9/13/18-Mr. Patel returns today for follow-up with labwork for Polycythemia. He still complains of weakness in his legs. Patient states due to no insurance coverage, he has not been able to obtain the MRI's ordered. He also has increasing bilateral lower; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; One of 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	3
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 Computed tomography, abdomen and pelvis; without contrast material		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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Oncology	Approval	78813 Positron emission tomography (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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Approval	78813 Positron emission tomography (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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Oncology	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Oncology	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	1
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material			1
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		numbness in her lips and tongue. Seems to get worse when she does physical activity that utilizes her neck muscles. We will go ahead and check a B12 and folate level as well as an MRI of her brain to rule out a variety of conditions including MS, CVA et; 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. numbness, dizziness, and loss of consciousness.  His knees started shaking and then he fell down. He was down for an amount of time. Before passing out he felt lightheaded and dizzy, had some chest pain. He did not bite his tongue or urinate on himself. H; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Paresthesia of skin; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has began to regress in some areas and stopped progress in others, it is time for further testing. I will order a brain MRI and also send her to genetics for further work u; This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		possible surgery; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt comes in for follow up to our clinic with reports of dizziness and vertigo with possible hx of migraine and/or TIAs; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PT HAD AN MRI BRAIN W/WO 12/21/18 AND THEY COULD NOT VISUALIZE PORTIONS OF THE HIPPOCAMPAL FORMATIONS. THE PT WAS TO COME BACK FOR ADDITIONAL IMAGING AND HE NEVER WAS ABLE TO COME BACK.PT IS LOSING WEIGHT AND HAS POOR APPETITE. DOESN'T TAKE KEPBRA REGULAR; 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
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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	2
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; 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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder; 09/25/2018; It is not known if there has been any treatment or conservative therapy; Vision problems, sensitivity to light, headaches, pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 08/15/2018; There has not been any treatment or conservative therapy; extreme photophobia, 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	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 08/31/2018; It is not known if there has been any treatment or conservative therapy; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		CC- decreased vision and uveitis. 2 weeks ago she had an episode of seeing pixel like spots OU, also had black areas or lack of vision especially OS, but OD got better. She has been using Cyclogel 1% BID OS and Pred Forte TID OU. Followed by Dr. Fowler f; 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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		R/O Brain Tumor; Pt has vision in both eyes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess; This examination is NOT being requested to evaluate lymphadenopathy or mass; It is unknown if there is 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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		unknown; This study is being ordered for Inflammatory/ Infectious Disease; first visit 07/02/2018; There has been treatment or conservative therapy; vision loss, sudden onset, severe elevated optic nerve swelling and inflammation in the right eye; iv 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
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	2
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder; 09/25/2018; It is not known if there has been any treatment or conservative therapy; Vision problems, sensitivity to light, headaches, pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 08/15/2018; There has not been any treatment or conservative therapy; extreme photophobia, 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Relapsing remitting multiple sclerosis with a history, physical examination, MRI, and CSF all compatible with this diagnosis; This study is being ordered for a neurological disorder; Onset: 12/29/2017; There has been treatment or conservative therapy; with fatigue and left leg weakness, and trouble balancing; on Copaxone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		see attached note; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		see attached; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		seizures, bipolar disorder; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		sensory deficits; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/26/2018; There has not been any treatment or conservative therapy.; headaches, chronic pain, migraines, numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		slight increase in the number of MS lesions in the brain and in the cervical spinal cord.; This study is being ordered for a neurological disorder.; He had multiple cervical cord lesions seen in 2015 scan, but improved on 2016 study. We will need to monitor him closely.; There has been treatment or conservative therapy.; Patient presented with left upper and bilateral lower extremity symptoms and an MRI of the brain and cervical spine showed slight increase in MS lesions although no enhancement was seen.; Treated With IV Solu-Medrol and continued Betaseron.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/31/2018; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type in Unknown If No Info Given. >; This study is 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.; LOSS OF VISUAL FIELD DEFECTS; MEDICATION, EYE DROP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Disc Edema Left Eye, unknown cause, possibly due to diabetes but need to rule out tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 week ago.; There has not been any treatment or conservative therapy.; Double vision, h/a/s for 3 days, exotropia-recurring.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Optic nerve atrophy; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Double vision with right eye turning outward; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		papilledema; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	5
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		TWITCHING AROUND RIGHT SIDE OF FACE AND EYE HAS GOTTEN WORSE. PAST MED HISTORY - EPILEPSY SINCE CHILDHOOD, HAD A MRI 15 YEARS AGO, HAS NOT SEEN NEUROLOGIST IN YRS. NEW MRI TO EVALUATE RIGHT FACIAL NERVE.; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; first visit 07/02/2018; There has been treatment or conservative therapy.; vision loss, sudden onset, severe elevated optic nerve swelling and inflammation in the right eye; iv 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; tunnel vision.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Wanting to rule out compressive optic neuropathy causing vision 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.; 6/2012; There has been treatment or conservative therapy.; Vision loss in the right eye, mild pain; Prednisolone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		WILL FAX IN; This study is being ordered for a neurological disorder.; 8/27/2018; There has not been any treatment or conservative therapy.; WILL FAX 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
Ophthalmology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This is a request for cervical spine MRI; This is a request for cervical spine MRI; This is a request for cervical spine MRI; Neurological deficits; Neurological deficits; Pre-Operative Evaluation; Pre-Operative Evaluation; numbness and tingling in lower extremities. MS; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; 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 demonstrating unilateral muscle wasting.; No, the patient is not demonstrating unilateral muscle wasting.; 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 Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; No, the last Cervical spine MRI was not performed within the past two weeks.; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Approved MRI, member could not complete due to claustrophobia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Approved MRI, member could not complete due to claustrophobia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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.; 3/2007; It is not known if there has been any treatment or conservative therapy.; falling, tripping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Optic nerve atrophy; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Double vision with right eye turning outward; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	R/O Brain Tumor; Pt has vision in both eyes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Ruling out tumor, patient lost vision in both eyes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	Vision loss in right eye; Yes, this is a Functional MRI Brain.	1
Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	3
Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		< 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
Oral/Maxillofacial	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1
Oral/Maxillofacial	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Bilateral upper extremity weakness with likely more involved neurological deficits from a gunshot wound to the head.  PLAN: I am to get a MRI of his brain with and without contrast. We will also get an MRI of his cervical spine and also nerve conducti; 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 not 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
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1

Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		MRI LEFT CHEST WALL Dated 09/24/18 Impression :A soft tissue mass is centered in the left axilla. The MR features of the mass are indeterminate. The size of the lesion and its deep location would suggest a malignant tumor. The prominent high flow being ; 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
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient as seen by another type of surgical specialist.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		; 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
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for follow-up to trauma.; "The ordering physician is a surgeon, pulmonologist, or cardiologist.;" This is a request for a chest MRI.	1
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		will fax in; This study is being ordered for pre-operative evaluation.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; There is not a known inflammatory disease.; There is not a known tumor.; This is a request for a chest MRI.	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 not been any treatment or conservative therapy.; 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
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		X-ray Interpretation AP and lateral x-ray of the lumbar spine including the lower thoracic spine ordered, obtained, and interpreted today reveals fairly well-maintained alignment. Disc height fairly well maintained.  Assessment Schmorl's node, superi; This study is being ordered for a neurological disorder.; History The comprehensive history taken on 08/21/2018 was reviewed and is unchanged.  This is a 52-year-old female who presents with low back pain  Pain is chronic, greater than 2 year history of pain that started in early 2016. At that time she w; There has been treatment or conservative therapy.; This is a 52-year-old female who presents with low back pain  Pain is chronic, greater than 2 year history of pain that started in early 2016. At that time she was experiencing pain in her abdomen/epigastric region and discomfort in her thoracic spine. ; Pain is aggravated with bending, sitting. Lying down, rest helps some. She takes oxycodone and Lyrica.  She has had treatment at AR spine and pain, since May. She had left intercostal nerve blocks which provided no relief, pain worsened. She had diagno; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lumbar spine; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/27/18; There has been treatment or conservative therapy.; LOW BACK PAIN, LEG PAIN AND NUMBNESS; 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
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	17
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	2
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		Transitional anatomy disc degeneration L5-S1 with some degree of stenosis. Surgical care is being considered; This study is being ordered for a neurological disorder.; 12/04/2017; There has been treatment or conservative therapy.; ongoing debilitating low back pain with radiculopathy. Recurrent numbness and tingling in extremities. Transitional anatomy disc degeneration L5-S1; Medication, spinal injections, chiropractic care, Spinal exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		Unknown; This study is being ordered for a neurological disorder.; October 2017; There has been treatment or conservative therapy.; Weakness, numbness, tingling in legs, bilateral; Had surgery lumbar/thoracic, 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			2

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 not been any treatment or conservative therapy.; 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CERVICAL STENOSIS OF SPINAL CANAL: 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is 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 all digits on the right hand, unable to sleep on that side, she has developed a knot on the aspect of the rt shoulder that is painful, she is taking turmeric and over the counter ibuprofen with no relief.; It is not known if there has been any treatment or conservative therapy.; shoulder pain that has continued as well as neck pain.she has pain to the palpation of the right shoulder in the superior and lateral aspects limited range of motion in all directions by at least 10-15 degrees there is limited range of motion with rotation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Arkansas Specialty Orthopaedics, 800 Fair Park Blvd., Little Rock, AR 72204	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		  PATIENT: Katharine McCoy MED REC NUM: 00000253028 DATE OF BIRTH: 08/15/1968 AGE: 48 Year; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		FOR 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.; WEAKNESS RIGHT UPPER EXTREM.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Motor Strength: C5 on the Right: abduction deltoid 5/5 and external rotation infraspinatus 5/5. C5 on the Left: abduction deltoid 5/5 and external rotation infraspinatus 5/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on t; 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.; weakness; numbness; tingling; radiation down arm. Had a mountain bike accident on the sidewalk&8/18. Was wearing his helmet. Front tire caught in a rut and he went over the handlebars. He was seen initially at Mercy where x-rays revealed a subarachnoid ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient has a congenital kyphosis with a wedge shape vertebra at approximately T7. The kyphosis is mild, but seems to be slowly progressing. There is a risk for more progression and risk for spinal cord injury.; This study is being ordered for Congenital Anomaly.; 4/27/2017; There has not been any treatment or conservative therapy.; Congenital Kyphosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient is experiencing chronic neck pain that radiates down to the right arm and hand. Headaches at the back of the head and a lot of spasms and discomfort at the trapezius musculature.; 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 has altered sensation in the median and ulnar nerve distributions. There is increased two-point discrimination there. She has a positive elbow flexion test. Positive Tinel's over the elbow. She does have some trapezial pain and pain up into the ne	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient will follow up with us in 1 year with radiographs. I do recommend an MRI to rule out any neural axis anomaly given the early onset her scoliosis. I do not think she will require sedation as she is a calm child.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2018; There has not been any treatment or conservative therapy.; Shelby Walling is a 8 y.o. year old female patient. She presents today on referral from her primary care office for evaluation of a mild early onset scoliosis. She also has a pectus carinatum deformity that has been evaluated by a general surgeon. Simi; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Pre surgical planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		pt has abnormal cervical NCV; 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		STRENGTH IS DECREASED. LIMITED ROM. CREPITUS-PRESENT.MAX TENDERNESS- TRAPEZIUS, PERCERVICAL. SENSATION- MEDIAL RIGHT FOREARM-DECREASED, RIGHT MIDDLE FINGER-DECREASED, RIGHT THUMB-DECREASED. POSITIVE SPURLING ON RIGHT. + NEER'S. + O'BRIEN'S. RIGHT MEDIAN NE; 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.; STRENGTH IS DECREASED. LIMITED ROM. CREPITUS-PRESENT.MAX TENDERNESS- TRAPEZIUS, PERCERVICAL SENSATION- MEDIAL RIGHT FOREARM-DECREASED, RIGHT MIDDLE FINGER-DECREASED, RIGHT THUMB-DECREASED. POSITIVE SPURLING ON RIGHT. + NEER'S. + O'BRIEN'S. RIGHT MEDIAN NE; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Spinal stenosis, cervical; Multiple Sclerosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	124
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	45
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Cervical Spine: Inspection: alignment normal and no muscle atrophy. Soft Tissue Palpation on the Right: no tenderness of the paracervicals, the scalene muscle, the sternocleidomastoid, the supraclavicular fossa, or the levator scapulae; tenderness of the ; 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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	33
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 have new signs or symptoms of bladder or bowel dysfunction.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; Unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; will fax clinical info; 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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; In regard to his neck, he has restricted motion. He has pain with extension, pain with rotation. Axial loading of the neck, he says, reproduces paresthesias down into both of his hands. This is in the C6, C7 distribution. He has a lot of pain to palp; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CERVICAL STENOSIS OF SPINAL CANAL; 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

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		9/20/18 Ajs. Pt. has Scoliosis Lumbar and Thoracic Spine, 65 degree Thoracic kyphosis, Lower and Upper Back Pain, (L) Side worse than back. Making sure he doesn't have Sherman Kyphosis. Had PT as well as NSAID's for Inflammation, doing MRI making sure ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Thoracic degenerative disc lumbar degenerative disc	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Patient will follow up with us in 1 year with radiographs. I do not think she will require sedation as she is a calm child.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2018; There has not been any treatment or conservative therapy.; Shelby Walling is a 8 y.o. year old female patient. She presents today on referral from her primary care office for evaluation of a mild early onset scoliosis. She also has a pectus carinatum deformity that has been evaluated by a general surgeon. Simi; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		& 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		& Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/27/18; There has been treatment or conservative therapy.; LOW BACK PAIN, LEG PAIN AND NUMBNESS; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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.; Lumbar spine examination positive straight leg raise test on the left. Diminished sensation L4 and L5 on the left. No motor reflex changes noted no long tract signs noted. Left hip has full motion no groin pain no trochanteric tenderness. No palpable c	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for Congenital Anomaly.; 06/25/1997; There has been treatment or conservative therapy.; low back pain of a significant nature; 06/25/1998 Dr. Robert Campbell inserted a better device after thoracoplasty on his chest wall and opened up room for him to breathe with tube after devices.   He had over 17 lengthening was of the device and a bench All removal of the medial better ro. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		9/20/18 Ajs. Pt. has Scoliosis Lumbar and Thoracic Spine, 65 degree Thoracic kyphosis, Lower and Upper Back Pain, (L) Side worse than back. Making sure he doesn't have Sherman Kyphosis. Had PT as well as NSAID's for Inflammation, doing MRI making sure ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Arkansas Specialty Orthopaedics, 800 Fair Park Blvd., Little Rock, AR 72204   PATIENT: Katharine McCoy MED REC NUM: 00000253028 DATE OF BIRTH: 08/15/1969 AGE: 48 Year; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		mem has had steroids injections; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient had an injury and has been doing physical therapy and had a negative MRI of his knee. Symptoms are not improving. Symptoms are radicular with straight leg raise.; 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

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient will follow up with us in 1 year with radiographs. I do recommend an MRI to rule out any neural axis anomaly given the early onset her scoliosis. I do not think she will require sedation as she is a calm child.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2018; There has not been any treatment or conservative therapy.; Shelby Walling is a 8 y.o. year old female patient. She presents today on referral from her primary care office for evaluation of a mild early onset scoliosis. She also has a pectus carinatum deformity that has been evaluated by a general surgeon. Simi; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Post lumbar surgery, spinal cord stimulator, severe pain in the lower back and neck with decreased mobility, tenderness and weakness in the back/neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2017; There has been treatment or conservative therapy.; Severe pain in the neck, middle back and lower back. Pain radiating to arms and legs. Symptoms include decreased mobility, tenderness and weakness in the back/neck.; Medication, injections and physical therapy. Pt has failed over 6 wks of 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Post Operative Radiculopathy to the LLE, possible recurrent disc herniation; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		pt was in MVA; 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 weakness.; radiating from lower back to hip and entire left extremity. numbness and tingling did improved w/PT; 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.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		She has right lateral hip pain with negative examination but history of greater troch and left hip symptoms with a history of greater troch and hip symptoms including radiating leg pain with numbness and tingling, all worsening in severity and unimproved ; 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. Ellinger is a 41 year old unemployed female who presents with left back and right greater troch pain present for at least one year and worsening over the past month. She has had two falls over the past month, first two weeks ago when she went to the d; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The range of motion of her back is approximately 50 percent of normal she has trouble rising and walking she complains of pain with weightbearing on the right her straight leg raising test on the right prevention pain in her buttock. Her deep tendon refle; 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.; Mobic Naprosyn  Sterapred regular strength 12 days	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	2
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	55
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 completed conservative care in the past 3 months or had a spine injection	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This patient has a history of multiple back fractures. She is being evaluated for possible new fractures.; 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.; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Transitional anatomy disc degeneration L5-S1 with some degree of stenosis. Surgical care is being considered; This study is being ordered for a neurological disorder.; 12/04/2017; There has been treatment or conservative therapy.; ongoing debilitating low back pain with radiculopathy. Recurrent numbness and tingling in extremities. Transitional anatomy disc degeneration L5-S1; Medication, spinal injections, chiropractic care, Spinal exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/3/18; There has not been any treatment or conservative therapy.; Right hip, ankle, and foot pain from motorcycle wreck.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	cancer recurring in low back and R hip; This study is being ordered for a neurological disorder.; 8/14/2018; There has been treatment or conservative therapy.; neurologic involvement in the lower extremities, radicular pain in R hip; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	More recently in May of this year she started to get more pain which seem different than before. In the past her pain is been around her lateral hip but then she started developing pain in her buttocks radiating down her thigh to her calf in May. No num; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pelvic pain-; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(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 bilateral hip avascular necrosis.	1
Orthopedics	Approval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	This is a request for an Pelvis MR Angiography	1
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		1
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	5
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	65
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	30
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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).	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	5
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	15
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 NOT 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.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	tory of Present Illness: 1. Migraine  Additional information: Had no issues for a long time but recently has started having headaches again. Had an allergic rx on 7-20-18, ERx2, steroids and swollen. Then had migraine with aura like before. Also has ; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; 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.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.; 2014; There has been treatment or conservative therapy.; Blurred vision and headaches with numbness and stiffness.; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Weakness in eh legs and BP.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Problem with PT Gait.; PT did not help.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration		Status post craniotomy; Yes, this is a Functional MRI Brain.	1
Neurology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal laboratory test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		; This study is being ordered for a neurological disorder.; 07/18/2018; There has been treatment or conservative therapy.; Pain.; 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
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		; 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
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		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
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		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 Computed tomography, lumbar spine; without contrast material		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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4/3/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 & 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2018; There has not been any treatment or conservative therapy.; fever, numbness in arms and legs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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.; Motor Examination: The patient has normal tone and bulk, and 5/5 strength Upper and lower extremities. Except left grip diminished  Reflexes: asymmetric in the Left biceps, Brachioradialis and trace - triceps +1  Right +2 upper  Both lower qua	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; 11/2013; There has been treatment or conservative therapy.; Multiple Sclerosis, relapsing remitting; copaxone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; 6-12-18; There has been treatment or conservative therapy.; back pain radiation into posterior bilateral legs hamstrings and calf muscle. painless twitching in his left calf. Decreased sensation with pp distal to knees bilaterally, worse in the lateral aspect of both legs. Positive Spread of Brachio-radialis re; gabapentin 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2016; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING IN HANDS AND FEET.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2018; There has not been any treatment or conservative therapy.; Abnormal gait; Dementia; previous mri showed spinal stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		assess for MS lesions in spine, new onset of difficulty 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Assessment/ Plan 51 year old woman with frequent headaches. She is taking Imitrex and NSAIDs at least once most days and may be having some rebound component. She is also having significant neck pain running into both arms. She is following with Dr. Schi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PAST 3 YEARS; There has been treatment or conservative therapy.; HEADACHES, MIGRANES WITH NECK PAIN; CHIROPRACTOR, IMITREX, BIOFREEZE, TOPAMAX, EXCEDRIN, IBUPROFEN, ALEVE, EXCEDRIN MIGRANE, GABAPETIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		decreased sensation in C4/5 left decreased reflexes in left arm. positive spurling maneuver to the left.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased sensation in C4/5 left decreased reflexes in left arm. positive spurling maneuver to the left.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		hyperreflexic with positive hoffmans sign on rt lasgues sign in back abnormal emg with mild acute and chroni denervation in c5-6 distribution on the rt and chronic denervation l-5 distribution on left; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/05/2016; There has been treatment or conservative therapy.; pain in all extremities  neck pain to right arm back pain to left leg decreased strength and grip numbness and tingling swelling in extremities back spasms  hyperreflexic with positive hoffmans sign especially on the rt suspect spinal cord injury as; injections, physical therapy and medication - symptoms are 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 9/6/2018; There has been treatment or conservative therapy.; Dizziness and loss of balance. Numbness in fingers.; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Muscle Weakness; MEDS, 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		not known; This study is being ordered for a neurological disorder.; 7/3/18; There has not been any treatment or conservative therapy.; Numbness and tingling sensation of skin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		r/o spinalbifida; This study is being ordered for a neurological disorder.; 07/31/2018; There has been treatment or conservative therapy.; numbness, tingling, weakness, arm strength very weak., motor skills decreased in both hands; pt 2015.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Relapsing remitting multiple sclerosis with a history, physical examination, MRI, and CSF all compatible with this diagnosis.; This study is being ordered for a neurological disorder.; Onset: 12/29/2017; There has been treatment or conservative therapy.; with fatigue and left leg weakness, and trouble balancing; on Copaxone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Right arm pain and numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		sensory deficits; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/26/2018; There has not been any treatment or conservative therapy.; headaches, chronic pain, migraines, numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Spinal stenosis, cervical; Multiple Sclerosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Orthopedics	Approval	73200 Computed tomography, upper extremity, without contrast material		There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73200 Computed tomography, upper extremity, without contrast material		There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73200 Computed tomography, upper extremity, without contrast material		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	74
Orthopedics	Approval	73200 Computed tomography, upper extremity, without contrast material		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	2
Orthopedics	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	2
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		osteolytic bone lesion right distal radius; This study is being ordered for trauma or injury.; 6/30/2018; There has not been any treatment or conservative therapy.; Lytic bone lesions on xray Unicameral bone cyst; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Right-hand-dominant patient, bipolar, but managing well on meds presents with right much worse than left first CMC joint osteoarthritis.   10 weeks status post right first CMC joint arthroplasty with ligament reconstruction and tendon interposition. she; This study is being ordered for Inflammatory/ Infectious Disease.; 03/16/2018; There has been treatment or conservative therapy.; severe pain in her hands   Musculoskeletal: muscle aches, muscle weakness, arthralgias/joint pain, back pain  XRAY INTERP Bilateral hands show joint space narrowing in the DIP and PIP joints with erosions, subluxation of the right 2,3, MCP joints of ; Right-hand-dominant patient, bipolar, but managing well on meds presents with right much worse than left first CMC joint osteoarthritis. She's tried years of conservative treatment which included topicals as well as oral anti-inflammatories, to the modify; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI; This is a preoperative or recent postoperative evaluation.	44
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; 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.; yes, there are documented clinical findings of Multiple sclerosis.	2
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; 1. Multiple Sclerosis  Tolerating Ocrevus infusions. Next infusion September, would like to infuse 3 weeks early before vacation. Left foot drags. 6.6 sec 25 ft walk. No new bladder changes. Moderate Fatigue. No falls. Having muscle spasms in legs, c; 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 or presenting new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; yes, there are documented clinical findings of Multiple sclerosis.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	12
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; hyperreflexia, foot drop; 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.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	5

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; 6-12-18; There has been treatment or conservative therapy.; back pain radiation into posterior bilateral legs hamstrings and calf muscle. painless twitching in his left calf.  Decreased sensation with pp distal to knees bilaterally, worse in the lateral aspect of both legs. Positive Spread of Brachio-radialis re; gabapentin 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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for a neurological disorder.; October 1, 2015; There has been treatment or conservative therapy.; Leg weakness, frequent falls; Patient has had several rounds of physical therapy since 2015 for weakness and falls; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Abnormal reflexes, Ataxic Gait, Incontinence of bowel and bladder.; This study is being ordered for trauma or injury.; 03/29/2018; There has not been any treatment or conservative therapy.; Ataxia, hyper-reflexia, incontinence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		assess for MS lesions in spine, new onset of difficulty walking; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		6.6.18 pt had scope and mini cuff repair. pt having post op pain, need to eval post op healing and check for re-injury; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		A 55-year-old black male, currently unemployed, has had 2 accidents to his right shoulder. The first injury on the job in 2003 and the second a twisting injury to his shoulder during a robbery. Blood pressure 136/74 (refer to PCP). Patient has weakness in; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient was referred to our office for further treatment.; Labetalol, Procardia; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		History of Present Illness: Right shoulder pain. The patient is a 64-year-old female recovering from recent right ACL reconstructive surgery. She is doing well with that but complains of chronic right shoulder pain. The pain is increased by elevation o; 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 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 performed home exercises and has been on NSAIDs for 6 months; piroxicam, duloxetine, tizanidine; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		IMPRESSION  Left anterior shoulder dislocation, status post reduction maneuvers and one labral surgery. Ms. Crayton has had two surgeries on the right and one surgery on the left for labral injuries because of a dislocation. On 7-23-18 she fell against ; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PATIENT HAD DIRT BIKE ACCIDENT ON 8./ LANDED ON SHOULDER, IMPINGMENT SIGN POSITIVE, TAKES MOBIC; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Patient has a tear.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PATIENT HAS HAD CONTINUED SHOULDER PAIN AND HAD QUITE A BIT OF CONSERVATIVE TX. XR SHOW SHE HAS A CYST ON HER HUMERAL HEAD.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAD TO MODIFY ALL HER ACTIVITIES DUE TO CONTINUED PAIN, TAKES ASPIRIN, HAS NECK PAIN ALSO, HURTS TO LAY ON SHOULDER AT NIGHT, REACH BEHIND AND ABOVE HER; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		pt failed; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PT HAS AN 11 MONTH OLD INJURY WHEN A TREE FELL ON HER, SHE HAS POPPING, CONTINUED PAIN, SHE HAD PREV RCR, MAY HAVE RETURN; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAS CHANGED ACTIVITY AND USED OTC MEDS WITH NO RELIEF. SHE HAD A PREV RCT AND PHYSICIAN BELIEVES IT MAY BE RETURN.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Right-hand-dominant patient, bipolar, but managing well on meds presents with right much worse than left first CMC joint osteoarthritis.   10 weeks status post right first CMC joint arthroplasty with ligament reconstruction and tendon interposition. she; This study is being ordered for Inflammatory/ Infectious Disease.; 03/16/2018; There has been treatment or conservative therapy.; severe pain in her hands   Musculoskeletal: muscle aches, muscle weakness, arthralgias/joint pain, back pain  XRAY INTERP Bilateral hands show joint space narrowing in the DIP and PIP joints with erosions, subluxation of the right 2,3, MCP joints of ; Right-hand-dominant patient, bipolar, but managing well on meds presents with right much worse than left first CMC joint osteoarthritis. She's tried years of conservative treatment which included topicals as well as oral anti-inflammatories, to the modify; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Enter answer here tension headaches, numbness and tingling, lumbar spondylosis- 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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 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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; 9/6/2018; There has been treatment or conservative therapy.; Dizziness and loss of balance. Numbness in fingers.; 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 Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		need to confirm or rule out myelopathy; This study is being ordered for a neurological disorder.; 1/1/18; There has been treatment or conservative therapy.; patient has symptoms consistent with myelopathy.; &t; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &t; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; unknlwn; There has been treatment or conservative therapy.; Dizzy Spell, MEOS, 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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		PT IS CONTINUING PAIN EVEN WITH CONSERVATIVE TREATMENT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; mid midback pain with numbness and pain in legs; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; None; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	3
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.	2
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; 40-year-old gentleman with several neurological symptoms as detailed above that developed over the past 8 weeks. Brain MRI shows contrast enhancing lesions. The lesion in the cerebellar peduncle would be strongly suggestive of MS as opposed to infection	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &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.; MAY 2018; There has not been any treatment or conservative therapy.; fever, numbness in arms and legs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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.; pts is having lower back pain radiating down his legs causing 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; R FOOT 4+/5 DORSIFLEXION, PLANTAR FLEXION; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		38-year-old gentleman with diabetic polyneuropathy. Pain management suggested L spine MRI to rule out lumbar radiculopathy and lower extremity weakness. Will order this. Stop hydrocodone. Will try Tramadol 50 mg TID for pain. Explained that we would like; 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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		CHRONIC LOW BACK PAIN AND BILATERAL LOWER EXTREMITY PAIN, NUMBNESS AND TINGLING WITH POSITIVE NCV/EMG FINDINGS ON 8/15/18 SUGGESTIVE OF L4-5, L5-S1 RADICULOPATHY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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

				need to evaluate for any disc abnormalities or spinal stenosis that is compromising the spinal cord; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain in cervical and lumbar spine with radicular symptoms in arms and legs - both pain and weakness; he is on anti-inflammatory medications and has done back exercises with stretching without relief of his symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	18
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	37
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Weakness in eh legs and BP.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Problem with PT Gait.; PT did not help.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		This is a request for a spinal canal/contents MR Angiography.	1
Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type in Unknown if No Info Given. >; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic gurdle, sacrum or the tail bone (coccyx).	1
Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Ms. Garner returns to the clinic today for follow up on. As she has been having back pain for quite some time she visited with neurosurgery and then underwent a rhizotomy on the left side with about 98% improvement of her pain. After this she then continu; 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
Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Neurology	Approval	73200 Computed tomography, upper extremity; without contrast material		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
Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 has a documented limitation of their range of motion.	1
Neurology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		colon cancer; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		Images from NM BRAIN SPECT STUDY reveal asymmetric radiotracer uptake in the bilateral temporal lobes.; This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is NOT being ordered for pre-surgical evaluation.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.	3
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	8

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; 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	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; This study is being ordered for a neurological disorder.; HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; There has been treatment or conservative therapy.; HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; HISTORY OF PRESENT ILLNESS: Ms. Beasley is seen in consultation to Dr. O'Donald regarding migraine. It started in 2003 for uncertain reason. They initially occur but once or twice a year, but now they are occurring as often as 2 and 3 times a week. Th; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)	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
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Headache; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2016-Headache; There has been treatment or conservative therapy.; Migraine with status migrainosus  not intractable.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Imaging is being requested for a follow-up for moyamoya.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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 Magnetic resonance angiography, head; without contrast material(s)	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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type In Unknown If No Info Given. &t; 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	23-year-old lady presents with headaches. I asked her to go up on the Amitriptyline to 50mg QHS. She will let us know if the blurred vision gets worse. We will try again on the MRI. These HA are newly daily for her. Will change to Nortriptyline if needed; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	chief complaint of possible ALS. She was seen in the inpatient setting last month with multiple complaints including orthopnea, hand weakness and bulbar symptoms including dysarthria and dysphagia. She lost some weight while in the hospital but quickly ; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	CVA; This study is being ordered for a neurological disorder.; 11/30/2017; There has been treatment or conservative therapy.; Right sided paralysis, slurred speech and headache; Cerebral arterialgram; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Neurological examination is nonfocal. Her history is consistent with syncope. Not consistent with seizures. The 30 day event monitor was negative but there were no events during those 30 days.; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Postural dizziness, with mild associated head pressure.; 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. She dislocated her shoulder approximately 1 month ago. She complains of tingling in her arm. She has had physical therapy, chiropractic therapy and she is taking Naproxen for 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		She is having right upper arm pain. The symptoms are made worse with bending, gripping and lifting. The patient experiences tingling. The symptoms have been present for 1 1/2 weeks. The onset of the problem was acute. She denies a specific injury, but does; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not known 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		SUBLUXATION; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	6
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	9

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; 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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.";	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 pain radiating down to the elbow and hand on the left side. Patient reports numbness in the shoulder blade on the left side. Patient has a positive Neers and Hawkins tests. Decreased range of motion. Pain and grinding during the range of	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 had an anterior dislocation on 08/31/2018 and since then has had pain. her physical examination shows her to On physical examination the right shoulder is of normal color, temperature, sensation, and texture. The patient can fully extend the elbo	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 injury. On examination, pain with posterior load and shift and easily reproducible click that reproduces his pain with posterior load and shift. Possible right shoulder posterior labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator tear	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; The pain is aggravated by lifting, movement and pushing. There are no relieving factors. Associated symptoms include decreased mobility, joint instability, joint tenderness, nocturnal pain and weakness. Pertinent negatives include bruising, crepitus, d	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; There is no deformity to the shoulder. No erythema or ecchymosis. Mildly TTP over the anterolateral shoulder. Active range of motion restricted in FF and abduction due to discomfort. Reduced internal rotation. Passive range of motion notes pain and crepit	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; Will fax over clinical information	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has had multiple falls	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulder out of place.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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. >	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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: Dolores D Huffman is a 54 y.o. year old female who presents for evaluation of left shoulder pain that began acutely after a fall in her garage 2 weeks ago. She states it was a series of falls and she is unsure how she injured h	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Nerve pain in the L shoulder, worsening, taken gabapentin but doesn't seem to help, pain in trapeze posterior arm and down the elbow	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 for a year, weakness	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 fell out of the back of a truck is unable to take anti-inflammatories due to an ulcer. unable to tolerate therapy at this time due to pain	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	9
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.)"; LOSS OF RANGE OF MOTION OF THE SHOULDER AND PAIN	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; 49 years old male from Gassville, AR. This patient is seen today for their intitial evaluation of right shoulder pain. Approximately 6 months ago this man fell on the ice injuring his right shoulder. He is been having intermittent pain soreness in his	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; August 13, 2018  Callie Fletcher, APN St. Vincent Medical Clinic - Sherwood  Fax: 501-907-8000  RE: Cricket Martin, #1977918 DOB: 10/27/1960  Dear Dr. Fletcher:  It was a pleasure to see your patient, Cricket Martin, in the office today. My	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 If No Info GivenHer biggest complaint is that she feels like her shoulder may dislocate. She has never dislocated it in the past but has subluxated it before. Based on her lack of progression with physical therapy an	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 If No Info GIVImpingement testing was positive. He has full range of motion with positive impingement and impingement reinforcement on the right. He is tender over his AC joint	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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: Left shoulder pain: The patient presents for evaluation and treatment of chronic left shoulder pain. The patient provides history of motor vehicle accident in excess of 20 years prior and does have history of injury to left s	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Limit range in motion, pain	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Previous MRI on brain and neck done with findings, patient's memory, health, word finding is not getting better. Patient has Systemic Lupus Erythematosus and dysesthesia.; This study is being ordered for a neurological disorder.; Since 2015; There has not been any treatment or conservative therapy.; tremor in right hand, head aches, patient is feeling helpless, withdrawn, and poor self esteem, having a hard time with remembering short term things, abnormal touch sensations, can not recall words; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt is having increased pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This is a 59 yo female who is seen in our clinic for dizziness. She states the dizziness has been going on for 15 years but has been worse lately. She has been seeing flashing light on both eyes, also going on many years. Dizziness feels like lightheaded; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	uploaded additional clinical on line; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; electrical shock sensation, lip, nostril, chin numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	radiating numbness from shoulder down to fingers. has been having pain and soreness in right shoulder. need to rule out brachial Plexuopathy. Rule out mass pressing on nerves/plexus; 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	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 an injury and thinks there is a rotator cuff tear	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 failed conservative treatment and continues to have shoulder pain and loss of motion	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 had previous RTC repair in 2016, patient signs and symptoms indicate re-tearing of this left RTC, MRI to eval for extent of tear prior to scheduling surgery	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 probable labral tear, shoulder has been dislocated twice.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 Rt shoulder pain with decreased ROM. We gave her an injection, NSAIDs, and PT all which have not helped. She states that the PT seems to be making it worse. She does not have improvement at all.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pt has had shoulder dislocated 6 times in her life. This last dislocation left her with pain, unable to sleep and numbness. XRAY taken which showed no obvious bony abnormality. MRI is ordered to see if Hill-Sachs lesion is present or any ligament tears	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; recurrent right shoulder dislocations with continued pain and unable to perform all activities	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 follow-up: Patient has history of impingement symptoms resulting from injury occurring back in 2015. He returns complaining of progressive yet episodic pain in right shoulder. The pain is typical of rotator cuff symptoms including impingeme	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 to wear a sling , pain weakness stiffness left shoulder .	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 9/5/18; There has not been any treatment or conservative therapy.; NUMBNESS AND PAIN IN LEFT SHOULDER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Motor Examination: The patient has normal tone and bulk, and 5/5 strength Upper and lower extremities. Except left grip diminished  Reflexes: asymmetric in the Left biceps, Brachioradialis and trace - triceps -1  Right +2 upper  Both lower qua	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Assess for further treatment options; This study is being ordered for trauma or injury.; 06/13/2018; There has been treatment or conservative therapy.; Pain; 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic neck pain radiating to shoulders. Concern for stenosis or radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Headache: She has history of suspected idiopathic intracranial hypertension based on LP in 07/2017.  Patient could not tolerate Topamax in the past due to allergic reaction and could not tolerate amitriptyline due to side effects. Since last visit, she ; This study is being ordered for trauma or injury.; 7/2018; There has been treatment or conservative therapy.; constant right-sided headache, worse when looking down, initially with nausea, chiropractor therapy helping   some neck pain, worse when bending over   abnormal eye exam; seeing a Chiropractor for therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	I will start with a MRI of the cervical spine without contrast to check the status of her degenerative disc 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 weakness.; 54-year-old lady with some paresthesia and weakness in the left upper extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; 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.;	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Michael L Simer, a 44 y.o.-year old, numbness in hands, Deep blue helped. Change to  Order MRI of neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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 there is x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Karah M Sias-Howard is a 24 y.o. obese right-handed white female with PMH below, been seen for the above complaints. She apparently has a history when she was in her teens of injury to her back with associated right leg pain that was treated symptom; 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.; Nonspecific right arm pain without any obvious findings of radiculopathic plexopathy or obvious central cause such as demyelinating disease. 2. Right shoulder pain possibly from overuse syndrome that may be part of her arm symptomatology 3. Mild carpal ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	of Present Illness: 1. Migraine  Additional information: Desipramine increased to 75mg daily at last visit. HA a bit worse and esp hs. Maxalt somewhat effective. Was on bp med for prevention but very hypotensive. Failed Inderal. Has 4 HA/free/d/mo. ; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has pain in the neck on her right side. Patient has had PT and injections and it has not helped. Needing an MRI to see what is going on.; 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 got a steroid shot in the neck and has another one coming up. It didn't really help. PT hasn't helped. Neither do medications. Ms. Gloria G Ozuna is a 59 y.o. female with headaches and vertigo, despite Depakene, Elavil, Topamax. There is still a lot o, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with a history of cervical disc disease. Recent hospitalization for an acute to subacute left MCA infarct. He has fallen several times since having his stroke. Complains of back pain and neck pain.; This study is being ordered for a neurological disorder.; 12/15/14; It is not known if there has been any treatment or conservative therapy.; Neck pain, back pain, Falling down; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Previous MRI on brain and neck done with findings, patient's memory, health, word finding is not getting better. Patient has Systemic Lupus Erythematosus and dysesthesia.; This study is being ordered for a neurological disorder.; Since 2015; There has not been any treatment or conservative therapy.; tremor in right hand, head aches, patient is feeling helpless, withdrawn, and poor self esteem, having a hard time with remembering short term things, abnormal touch sensations, can not recall words; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING CHRONIC PROBLEMS WITH NECK AND BACK PAIN FOR A LONG TIME. HAS HAD LUMBAR DISSECTOMY. HAS HAD INTERMITTENT RADIATION INTO BOTH SHOULDERS, HAS SPASMS IN BOTH LOWER EXTREMITIES, HAS USED GABAPENTIN, NSAIDS AND MUSCLE RELAXERS FOR THE PAIN. HAS HAD ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having chronic headaches associated with neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; He does have some findings that could be consistent with carpal tunnel syndrome, but in bilateral arms with recent injury, we must consider cervical stenosis; 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.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	2
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.;	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TRIPLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.; TRIPLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD NOTES.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 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.;; 40-year-old with spasmodic torticollis at this point time significant impairment on the basis her exam and by history	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.;; 9/5/18; There has not been any treatment or conservative therapy.;; NUMBNESS AND PAIN IN LEFT SHOULDER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with a history of cervical disc disease. Recent hospitalization for an acute to subacute left MCA infarct. He has fallen several times since having his stroke. Complains of back pain and neck pain.; This study is being ordered for a neurological disorder.;; 12/15/14; It is not known if there has been any treatment or conservative therapy.;; Neck pain, back pain, Falling down; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	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.	2
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TRIPLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.; TRIPLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD NOTES.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	uploaded additional clinical on line; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.;; electrical shock sensation, lip, nostril, chin numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	33-year-old lady presents with chronic daily headache. Here today to discuss crawling sensation down her legs bilaterally. It occurs intermittently, but it has occurred more often over the past 3 months. She had physical therapy for lumbar pain that did; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic neck pain radiating to shoulders. Concern for stenosis or radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; 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).	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; The ordering physician is an orthopedist.; The ordering physician is an orthopedist.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.; multiplanar views left shoulder reviewed. These demonstrate some areas of subchondral sclerosis from the most superior aspect of the humeral head concerning for avascular necrosis. There is no evidence of collapse. Joint surface remains congruent.  H	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	30
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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 treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	neck and LBP x several years. N T sensation R TO L UE, RUE weakness with grip No leg pain No gait balance disturbance No acute changes in bowel bladder Tmt in last 6 months has included chiropractic care, PT, stretching, home exercise program, NSAIDs ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING CHRONIC PROBLEMS WITH NECK AND BACK PAIN FOR A LONG TIME. HAS HAD LUMBAR DISSECTOMY. HAS HAD INTERMITTENT RADIATION INTO BOTH SHOULDERS, HAS SPASMS IN BOTH LOWER EXTREMITIES, HAS USED GABAPENTIN, NSAIDS AND MUSCLE RELAXERS FOR THE PAIN. HAS HAD ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Recent MRI scan of the lumbar spine without contrast demonstrating no significant disc protrusion or canal stenosis evident in the lumbar spine. No obvious lumbar bony abnormalities were noted. At S2 there was an apparent transverse septation across the; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		na; This request is for a Brain MRI; The study is 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
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	2
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		"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
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		; 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
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		consultation for a complex appearing right adnexal mass that measures approximately 10 cm. As well she has an elevated CA125=831, LDH 435 nml, and CEA=1.7 nml; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, thorax; without contrast material		"None of the above" describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		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.; No clinical information; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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

OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		< 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 request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		D25., uterine fibroids found, will fax over clinical; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		Diagnostic study; This study is being ordered for a neurological disorder.; 05/23/2017; There has been treatment or conservative therapy.; Pudendal Neuralgia; Neurontin 300 mg capsule; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/10/2018; 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
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		abn ultrasound; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. Patient was personally interviewed and seen by me for follow up post hysterectomy and D&C for RPL Path report noted histological changes suggestive of submucosal fibroid. MRI scheduled for 8/15, if confirms submucosal fibroid- operative removal may be; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	7
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		trying to find out why her early labor pregnancies are leading fetal demise; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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. Secondary amenorrhea, Elevated DHEAS, elevated testosterone.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		consultation for a complex appearing right adnexal mass that measures approximately 10 cm. As well she has an elevated CA125=831, LDH 435 nml, and CEA=1.7 nml; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, abdomen and pelvis; without contrast material		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.; No clinical information; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	13
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	5
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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 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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	6
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/10/2018; 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
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Pt having discharge.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2018; There has not been any treatment or conservative therapy.; Pain, vaginal bleeding, ovarian mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		R/O cancer; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; ultrasound and blood work done consistent with endometriosis and mass found on ultrasound	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral			1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, 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).	10
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFO HAS BEEN UNLOADED.; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFORMATION HAS BEEN UPLOADED AND IS ATTACHED; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFORMATION HAS BEEN UPLOADED; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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 not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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.	7
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Mother had breast cancer at ages 44, then reoccurred at 48, now deceased. Family history of Ovarian Cancer in Maternal Aunt. Patient has history of cysts in right breast, extremely dense; 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 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		This is a request for Breast MRI; This is a request for Breast MRI; This study is being ordered for a known history of breast cancer; 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 an individual who has known breast cancer in the contralateral (other) breast; Yes, this is a confirmed breast cancer; Yes, this is a confirmed breast cancer; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, 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.	4
OB/Gynecology	Approval	77058 Magnetic resonance imaging, 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
OB/Gynecology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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
OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Previous C section, bilateral tubal ligation; 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
OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	R/O HERNIA; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does not have an abnormal plain film study of the joint; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient has a documented limitation of their range of motion; The patient has experienced pain for greater than six weeks; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	3

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Dr was unable to remove IUD and recommends MRI to determine placement of IUD; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has had pudendal neuralgia for the past year and it is increasingly getting worse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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; 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
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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 an amylase or lipase lab test; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam; The patient is female; A pelvic exam was performed; The results of the exam were normal; The patient had an Ultrasound; The Ultrasound was normal; A contrast/barium x-ray has NOT been completed; It is unknown if the patient had an endoscopy; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks; 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 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 does not have 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 not experienced pain for greater than six weeks; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint; This study is not being ordered by an operating surgeon for pre-operative planning; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material			1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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	7
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 not a history of new onset of severe pain in the foot within the last two weeks; The patient has an abnormal plain film study of the foot other than arthritis; The patient has a documented limitation of their range of motion; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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; Post op complications	1

OB/Gynecology	Disapproval	77058 Magnetic resonance imaging, 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 known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Disapproval	77058 Magnetic resonance imaging, 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.; 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	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	CLINICAL INFO HAS BEEN UPLOADED.; 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	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Obstetrics & Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Post operative chronic abdominal pain with nausea and fever; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		RESTAGING PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; 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	2
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of 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	70490 Computed tomography, soft tissue neck; without contrast material		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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		I have discussed the fact we need to get an MRI of the brain with and without contrast; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; One of 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 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; One of 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	4
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		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	2
Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		9/13/18-Mr. Patel returns today for follow-up with labwork for Polycythemia. He still complains of weakness in his legs. Patient states due to no insurance coverage, he has not been able to obtain the MRI's ordered. He also has increasing bilateral lower; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		9/13/18-Mr. Patel returns today for follow-up with labwork for Polycythemia. He still complains of weakness in his legs. Patient states due to no insurance coverage, he has not been able to obtain the MRI's ordered. He also has increasing bilateral lower; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		9/19/18-Ms. Hisaw returns today for follow-up with labwork for Rectal cancer. She continues to have residual peripheral neuropathy to her toes. She is otherwise doing well. There is no evidence of recurrence of rectal cancer. We are going to continue; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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 Computed tomography, abdomen and pelvis; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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	2
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RESTAGING PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; It is not known if chemotherapy has been initiated or completed.; It is not known if chemotherapy is planned;	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RESTAGING PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 recurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material	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.; 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
Ophthalmology	Approval	70450 Computed tomography, head or brain, without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Ophthalmology	Approval	70450 Computed tomography, head or brain, without contrast material		This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1
Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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	3
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given. >; This study is 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.; LOSS OF VISUAL FIELD DEFECTS; MEDICATION, EYE DROP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1960; There has not been any treatment or conservative therapy.; blurred vision, decrease in vision, APD.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Disc Edema Left Eye, unknown cause, possibly due to diabetes but need to rule out tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		MBR has family Hx of autoimmune diseases; 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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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 week ago; There has not been any treatment or conservative therapy.; Double vision, h/a/s for 3 days, exotropia-recurring.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lower extremity; without contrast material		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	7
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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 a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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	3
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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 a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		papilledema; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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.; It is unknown if there is a history of orbit or face trauma or injury.	2
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Thyroidorbitopathy s/o decompression; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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.; 04/2018; There has not been any treatment or conservative therapy.; Dizziness; blurry vision; headaches; vision loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Wanting to rule out compressive optic neuropathy causing vision 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.; 6/2012; There has been treatment or conservative therapy.; Vision loss in the right eye, mild pain; Prednisolone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		WILL FAX IN; This study is being ordered for a neurological disorder.; 8/27/2018; There has not been any treatment or conservative therapy.; WILL FAX 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
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	2
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		We saw the patient in the office on 9/18/19 and her optic nerves were SEVERELY elevated. Dr. Doyle is very concerned about permanent vision loss. She had a lumbar puncture on 8/3/18 and her OP was 44. Dr. Doyle started her on Diamox. However, on her rec; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1960; There has not been any treatment or conservative therapy.; blurred vision, decrease in vision, APD.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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); It is not known if there are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		27 y/o female here by ED follow up for diplopia/abducens nerve palsy Pt reports that she started getting horizontal binocular diplopia (getting better since onset) starting 06/13/18 Pt reports she onset of diplopia was associated with some bad HA but ha; This study is being ordered for a neurological disorder. ; 06/13/2018-horizontal binocular diplopia; There has not been any treatment or conservative therapy.; diplopia/abducens nerve palsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		None; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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	9
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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	5
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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	9
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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.; Yes this is a request for a Diagnostic CT	2
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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.; 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.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	3
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 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.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.; 04/2018; There has not been any treatment or conservative therapy.; Dizziness; blurry vision; headaches; vision loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This is a request for cervical spine MRI; This is a request for cervical spine MRI; Neurological deficits; Pre-Operative Evaluation; Pre-Operative Evaluation; numbness and tingling in lower extremities. MS; 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.; No, the last Cervical spine MRI was not performed within the past two weeks.; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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.; Braelyn Rayne Thompson interval history indicates that she continues to have headaches. Vision is stable. Strabismus, rule out papilledema.; There has not been any treatment or conservative therapy.; 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Ruling out tumor, patient lost vision in both eyes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; tunnel vision.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.	1
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 3/2007; It is not known if there has been any treatment or conservative therapy.; falling, tripping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; Braelyn Rayne Thompson interval history indicates that she continues to have headaches. Vision is stable. Strabismus, rule out papilledema.; There has not been any treatment or conservative therapy.; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	27 y/o female here by ED follow up for diplopia/abducens nerve palsy Pt reports that she started getting horizontal binocular diplopia (getting better since onset) starting 06/13/18 Pt reports she onset of diplopia was associated with some bad HA but ha; This study is being ordered for a neurological disorder.; 06/13/2018-horizontal binocular diplopia; There has not been any treatment or conservative therapy.; diplopia/abducens nerve palsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			9
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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.; Eval achilles rupture. 1. Bilateral Achilles tendon ruptures, left chronic, right more acute. 2. Right knee septic arthritis after a knee arthroscopy. All of these injuries overall are doing better; however, because the left is not healed and he st); This is a request for a bilateral ankle MRI.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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, having bilateral ankle pain. had surgery in right ankle and some instability.; This is a request for a bilateral ankle MRI.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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.; This is a request for bilateral foot MRI.; 4wk w/boot v bones in both feet	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given.>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/19/16; There has been treatment or conservative therapy.; Severe arthritis of left and right knee, pre op; Mobic, steroid injections, PT, Bracing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Ophthalmology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	27 y/o female here by ED follow up for diplopia/abducens nerve palsy Pt reports that she started getting horizontal binocular diplopia (getting better since onset) starting 06/13/18 Pt reports she onset of diplopia was associated with some bad HA but ha; This study is being ordered for a neurological disorder.; 06/13/2018-horizontal binocular diplopia; There has not been any treatment or conservative therapy.; diplopia/abducens nerve palsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	27 y/o female here by ED follow up for diplopia/abducens nerve palsy Pt reports that she started getting horizontal binocular diplopia (getting better since onset) starting 06/13/18 Pt reports she onset of diplopia was associated with some bad HA but ha; This study is being ordered for a neurological disorder.; 06/13/2018-horizontal binocular diplopia; There has not been any treatment or conservative therapy.; diplopia/abducens nerve palsy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material		Pt. has prior hx. of neck lesion.; 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
Orthopedics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given.>; This study is being ordered for trauma or injury.; 5/1/2018; 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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This study is being ordered for trauma or injury.; 5 years ago then reinjured one month ago; There has been treatment or conservative therapy.; stiffness and swelling about the medial knee; previous knee aspirations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This study is being ordered for trauma or injury.; 7/11/18; There has not been any treatment or conservative therapy.; pain and swelling, difficulties baring weight.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		history of right leg soft tissue sarcoma, 2.6 mm calcified nodule in the right middle lobe is stable since 05/02/2017 and may represent a granuloma. Scattered areas of air trapping are again seen, however this exam is slightly more expiratory when compared; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		R talar neck/body bone bruise and prior R ankle sprain. continued R ankle pain since sustaining a twisting R ankle injury on 5/12/18. Pain is constant, but worse with weightbearing.; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Right foot pain with no improvement after rest and Medrol dose pack.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The patient experiences numbness, tingling, and hypersensitivity to light touch on the medial aspect of the lower leg in the L4 dermatome. She did have knee pain and swelling 2 weeks ago, for which she saw her PCP who prescribed a short course of naproxen; 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	71250 Computed tomography, thorax; without contrast material		Abnormal MRI showing Abnormal retroperitoneal lymph nodes in the Right Lower Quadrant as well in the Cervical area. Possible Metastatic disease, Lymphoma, sarcoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/12/18; There has not been any treatment or conservative therapy.; Left side body pain, weakness and numbness in her leg. Not able to lift L arm above her head and has a positive Hornblowers and positive Jobe maneuver. she has diminished sensation to light touch in her hand in all nerve distributions compared to the co.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		history of right leg soft tissue sarcoma, 2.6 mm calcified nodule in the right middle lobe is stable since 05/02/2017 and may represent a granuloma. Scattered areas of air trapping are again seen, however this exam is slightly more expiratory when compared; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		osteolytic bone lesion right distal radius; This study is being ordered for trauma or injury.; 6/30/2018; There has not been any treatment or conservative therapy.; Lytic bone lesions on xray; Unicameral bone cyst; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		Pt had MRI and it is showing a tumor in R hip. Plain films revealed something abnormal; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	3
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		< 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
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		; This study is being ordered for a neurological disorder.; 08/02/2018; There has not been any treatment or conservative therapy.; Weakness in LE; severe injury to back; pain d/t daily activities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, cervical spine; without contrast material		Arkansas Specialty Orthopaedics, 800 Fair Park Blvd., Little Rock, AR 72204	8
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		#x0D;  PATIENT: Morgan Rush MED REC NUM: 0000029797 DATE OF BIRTH: 07/07/1980 AGE: 38 Years D; This study is being ordered for a neurological disorder.; 04/06/2017; There has been treatment or conservative therapy.; Neck pain that radiates into arms bilateral with numbness and tingling.; Physical therapy, anti-inflammatory medication, steroid injections cervical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, cervical spine; without contrast material		Left Brachial plexus; trying to r/o plexopathy Cervical spine CT to make sure that there is no residual stenosis or deformities.; This study is being ordered for a neurological disorder.; 04/9/2018; There has been treatment or conservative therapy.; Pt is having neck pain, shooting down to shoulder, numbness, tingling. Interfering in everyday life.; Injection therapy (4/9/18), physical therapy of shoulder and neck. Medication therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		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 Computed tomography, cervical spine; without contrast material		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
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	5

Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		At the C6-C7 cervical level, there is a diffuse posterior and disc bulge and ventral ridging resulting in mild canal stenosis. At the T3 level, there is a hyperintense mass within the posterior aspect of the T3 vertebral body. This corresponds to hyperintense; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	7
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 crutches for at least 4 weeks.	1
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		PT DIAGNOSED THORACIC INFECT; 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 Computed tomography, thoracic spine; without contrast material		Unknown; This study is being ordered for a neurological disorder.; October 2017; There has been treatment or conservative therapy.; Weakness, numbness, tingling in legs, bilateral; Had surgery lumbar/thoracic, 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	Approval	72131 Computed tomography, lumbar spine; without contrast material		< 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	Approval	72131 Computed tomography, lumbar spine; without contrast material		; This study is being ordered for a neurological disorder.; 08/02/2018; There has not been any treatment or conservative therapy.; Weakness in LE; severe injury to back; pain d/t daily activities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lumbar spine; without contrast material		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	3
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		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	11
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< 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.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury, 7/14/2018; There has been treatment or conservative therapy.; having headaches, back and neck pain, pain bilaterally upper extremity pain, right lower extremity; 6 weeks of 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		08-06-18; 80-year-old black female in today for her left arm and shoulder. Just over the past week she has had the onset of pain and left-sided neck shoulder globally down the arm to the hand. She denies numbness says it is just pain. She denies history ; 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.; It is not known if the patient has seen the doctor more than once for these symptoms.	1

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		9/20/18 Ajs. Pt. has Scoliosis Lumbar and Thoracic Spine, 65 degree Thoracic kyphosis, Lower and Upper Back Pain, (L) Side worse than back. Making sure he doesn't have Sherman Kyphosis. Had PT as well as NSAID's for Inflammation, doing MRI making sure ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		cervical radiculopathy xrays are normal Physical therapy for over 4 weeks not helping Home exercises for over 4 weeks not helping. radiculopathy present down one or both 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 found in one or both upper extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; I reviewed the x-rays of her cervical spine which show prior fusion at C4-5. There is degenerative changes most significant at C5-6. I reviewed the CAT scan of her cervical spine which shows prior fusion at C4-5. I really don't see a robust solid fusion m	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Nerve impingement at c3-4/C5-6. Patient has tried medication and therapy with no relief. Pain numbness and tingling into left upper extremity at rest.; 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.; X-rays show evidence for C3-4 and C5-6 degeneration suggestive for nerve impingement. Weakness with shoulder abduction. Pain, numbness, and tingling into left arm 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Post lumbar surgery, spinal cord stimulator, severe pain in the lower back and neck with decreased mobility, tenderness and weakness in the back/neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2017; There has been treatment or conservative therapy.; Severe pain in the neck, middle back and lower back. Pain radiating to arms and legs. Symptoms include decreased mobility, tenderness and weakness in the back/neck; Medication, injections and physical therapy. Pt has failed over 6 wks of 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	3
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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?	10
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; evaluating for cervical cord compression; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	6
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	3
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	26
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 was a previous former fitness competitor but she has not been doing bench press in quite some time	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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 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.; Hoffman's sign was positive	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		unknown; This study is being ordered for trauma or injury.; 9/25/17 car accident; There has been treatment or conservative therapy.; pain behind rt shoulder, tenderness; 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
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		 Enter answer here - or Type In Unknown If No Info Given. 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.; It is not known if the patient has had back pain for over 4 weeks.	1

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			; This study is being ordered for Congenital Anomaly.; 06/25/1997; There has been treatment or conservative therapy.; low back pain of a significant nature; 06/25/1999; Dr. Robert Campbell inserted a better device after thoracoplasty on his chest wall and opened up room for him to breathe with tube after devices. He had over 17 lengthening was of the device and a bench All removal of the medial better ro; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Leg 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
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			Patient has a congenital kyphosis with a wedge shape vertebra at approximately T7. The kyphosis is mild, but seems to be slowly progressing. There is a risk for more progression and risk for spinal cord injury.; This study is being ordered for Congenital Anomaly.; 4/27/2017; There has not been any treatment or conservative therapy.; Congenital Kyphosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			Pre surgical planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			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.; < Enter Additional Clinical Information>	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			X-ray Interpretation; AP and lateral x-ray of the lumbar spine including the lower thoracic spine ordered, obtained, and interpreted today reveals fairly well-maintained alignment. Disc height fairly well maintained.; Assessment; Schmorl's node, superi; This study is being ordered for a neurological disorder.; History; The comprehensive history taken on 08/21/2018 was reviewed and is unchanged.; This is a 52-year-old female who presents with low back pain; Pain is chronic, greater than 2 year history of pain that started in early 2016. At that time she w; There has been treatment or conservative therapy.; This is a 52-year-old female who presents with low back pain; Pain is chronic, greater than 2 year history of pain that started in early 2016. At that time she was experiencing pain in her abdomen/epigastric region and discomfort in her thoracic spine.; Pain is aggravated with bending, sitting. Lying down, rest helps some. She takes oxycodone and Lyrica.; She has had treatment at AR spine and pain, since May. She had left intercostal nerve blocks which provided no relief, pain worsened. She had diagno; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material				2
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			< 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			< 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.; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			< 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.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/14/2018; There has been treatment or conservative therapy.; having headaches, back and neck pain, pain bilaterally upper extremity pain, right lower extremity; 6 weeks of 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Reflexes of the knee.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			History of Present illness: Marilyn L Williams is a 71 y.o. year old female who presents for evaluation of right knee pain that has progressively worsened over the past 2 months. She denies any preceding injury. She had a TKA on 4/16/18. She attended phys; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Leg 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

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has a complex prior history of previous fusion from T4-L4. Xray shows a vacuum disc phenomenon at L5-S1. some collapse on the right L5-S1. Lytic spondylolisthesis at L5-S1. patient has a multilevel fusion from T4-L4; The study 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 her legs. unable to stand on them, currently uses a walker; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has a congenital kyphosis with a wedge shape vertebra at approximately T7. The kyphosis is mild, but seems to be slowly progressing. There is a risk for more progression and risk for spinal cord injury; This study is being ordered for Congenital Anomaly.; 4/27/2017; There has not been any treatment or conservative therapy.; Congenital Kyphosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT HAS HAD QUITE A BIT OF CONSERVATIVE TX WITH NO RELIEF. SHE HAS HAD INJECTIONS, TAKES NSAIDS, AND HAS HAD CHANGE IN ACTIVITY. SHE HAS ALSO HAD TO STOP HER JOB AS COMMUNITY SERVICE, TO HAVE REST PERIODS IN BETWEEN, PER INSTRUCTION FROM THE PHYSICIAN; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pre surgical planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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?	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	142
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a new foot drop.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Worsening stenosis above her prior surgery possibly due to sagittal imbalance. Degeneration at L2-3 and spondylolisthesis with some degree of sagittal imbalance and neurologic deficit; The study 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.; Degenerative spinal listhesis stenosis L2-3 above her prior fusion with some degree of sagittal imbalance and neurologic deficit. Weakness in 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
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		Concerning the left hip, plan CT scan of her pelvis to evaluate her chondrocalcinosis about her pelvis. Flexion-based program for the lumbar spine.  Concerning the left hip, the patient has pain about the posterior aspect of the buttock. She reports ach; 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
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		The surgeon believes the patient needs bilateral total hip replacements after reviewing previous MRI's from another physician. The patient needs further imaging to further evaluate before surgery.; 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	1
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		We will order a MRI w/ contrast of the SI joints to rule out ankylosing spondylitis.; 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
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Failed physical therapy. Failed steroid injection.Still having pain. Evaluate for hamstring tendon avulsion.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Left hip pain having pain over greater and behind trochanter and pain along IT Band for 6 months, has tried PT for over 4 weeks, has not helped. Trouble sleeping due to pain. Pain started in 1998 after being kicked by a horse. Has been using Anti-inflamma; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; palpable mass along inferior lateral patella, tender to palpation, acute occurrence of cyst w unknown etiology; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; suspected bone or soft tissue neoplasm; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; it is also for pre-operative; Known or Suspected Joint Infection	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	10
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	11
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	764
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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,suspected tumor or Aseptic Necrosis; There is no symptom of Locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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>; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	3
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	6
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; Physician directed exercise program	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 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; Locking	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; 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.; The ultrasound of his calf was normal but this is coming from his knee. He has done PT, anti-inflammatories and had an injection without improvement.; Suspicious Mass or Suspected Tumor/ Metastasis; Yes, the ultrasound of the knee was normal.	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	9
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		VASCULAR NECROSIS OF BONES OF BOTH HIPs; 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 EVAL HEALING POST OP; This study is being ordered for trauma or injury.; 6/30/2018; There has not been any treatment or conservative therapy.; Lytic bone lesions on xray Unicameral bone cyst; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, upper extremity; without contrast material		osteolytic bone lesion right distal radius; This study is being ordered for trauma or injury.; 6/30/2018; There has not been any treatment or conservative therapy.; Lytic bone lesions on xray Unicameral bone cyst; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, upper extremity; without contrast material		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.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		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	14
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		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	6
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Evaluate the swelling ensure integrity of the flexor tendons as well as post surgical changes around the carpal tunnels and first extensor compartments.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/16/2017; There has been treatment or conservative therapy.; Shooting pain up the forearms. Not able to move hands normally. Unable to form full composite fist.; Naproxen, PT/OT, HEP, splints; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Left Brachial plexus: trying to r/o plexopathy Cervical spine CT to make sure that there is no residual stenosis or deformities. This study is being ordered for a neurological disorder.; 04/9/2018; There has been treatment or conservative therapy.; Pt is having neck pain, shooting down to shoulder, numbness, tingling. Interfering in everyday life.; Injection therapy (4/9/18), physical therapy of shoulder and neck. Medication therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Patient possibly has polymyalgia rheumatica and RA; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain, fatigue, muscle weakness, burning pain; Prednisone, Aleve, Tylenol, 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
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		r/o arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; May 4,2018; There has been treatment or conservative therapy.; joint swelling in wrist and fingers; 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
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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."	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a lower extremity MRI; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	5
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	13
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< 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.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		.; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAS HAD TO MODIFY HIS ACTIVITY AT HOME AND AWAY FROM HOME DUE TO CONSTANT PAIN.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This patient returns today for follow-up. She is status post repeat injection of her right knee. She is no better at this time. She relates her pain to be in the region of the patellar tendon. Previous x-ray shows fairly significant medial osteoarthritis; This is a request for a Knee MRI.; Yes, the patient had a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection; Yes, the ultrasound of the knee was normal.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		We need this study for further evaluation of the fracture that she has to determine if she will need surgery also to evaluate for possible meniscus tear from the fall she had and landed on this 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		we talked about her foot and we talked about her posterior tibial tendon. We also talked about anti-inflammatory agents. At this point were going to send her to physical therapy for her posterior tibial tendinitis and she did not do that previously. Were; This study is being ordered for trauma or injury.; she twisted this ankle in February and was treated with a brace and she has failed injections into her foot and continued to have pain. She did have an MRI scan of her foot and may of this year. She has been in a boot and this is an ongoing problem for a; There has been treatment or conservative therapy.; An MRI scan of her physicaldone therapy shows subtle marrow signal in multiple bones felt to be a stress reaction and some edema along the insertion at the navicular and at the deltoid. In the boot she walks much as everyone else. Outside the boot she wal; Walking boot for months and physical therapy currently active; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(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.; 08/01/2017; There has been treatment or conservative therapy.; bilateral shoulder pain, arm pain on exertion left upper extremity; No swelling. No wounds. Active motion is limited by pain. Positive Hawkins. Positive speed's. 4 out of 5 strength with resisted abduction. Brisk cap refill bilateral shoulder pain. I sa; injections in both shoulders on 08/17/2018 mixture of 80mg Kenalog and Scc 1% lidocaine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Cervical radiculopathy leading to weakness and dysfunction vs shoulder impingement/bursitis vs symptoms from his developmental abnormality of the shoulder, os acromiale.; 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 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.; Amlodipine, Atenolol, Chlorthalidone, Simvastatin, Vitamin D3; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Cervical stenosis and RCT acute; This study is being ordered for trauma or injury.; 8 Months ago; There has not been any treatment or conservative therapy.; weakness popping locking burning dull and sharp for 8 months; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Evaluate the swelling ensure integrity of the flexor tendons as well as post surgical changes around the carpal tunnels and first extensor compartments.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/16/2017; There has been treatment or conservative therapy.; Shooting pain up the forearms. Not able to move hands normally. Unable to form full composite fist.; Naproxen, PT/OT, HEP, splints; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		XRAY ON 7/6/18 SHOWS PARTIAL NONUNION OF 5TH METATARSEL BASE FRACTURE. PHYSICAL EXAM-SWELLING, STRENGTH DECREASED, LIMITED ROM, TENDERNESS ON 5TH TM JOINT, ASTROPHY SEEN IN LEFT LOWER LEG, HAS NO PERONEAL FUNCTION IN LEFT FOOT. HAS FOOT DROP CAUSING HER.; 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
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		< Enter answer here - or Type in Unknown If No Info Given. >; 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
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This is a requests for a hip 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.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/2018 lab work was done and her levels of chromium came back showing to be very high; There has not been any treatment or conservative therapy.; High levels of Chromium in her blood stream. MRI's are needed to ck the prosthesis in both hips for flaking.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		I discussed my findings with the patient in detail including options of treatment and the benefits and risks of each. She has had a complex presentation. She underwent multiple treatments including cortisone injection, oral prednisone, oral NSAIDs, phys; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/01/2018; There has been treatment or conservative therapy.; Ongoing left hip pain and knee pain for the last seven months. Sudden onset, no event or injury. Constant pain over posterior hip/buttocks area that radiates down to her knee and mid calf. Pain is mostly achy but can be sharp at times. Pain is worse w; She underwent multiple treatments including cortisone injection, oral prednisone, oral NSAIDs, physical therapy, chiropractic treatment and epidural injections, EMG in addition to others. She has undergone 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		left hip pain after traumatic injury, hematoma present on exam suspected femoral neck stress fracture; This is a requests for a hip MRI.; It is not know if 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		History of Present Illness: Left shoulder pain: The patient is a 61-year-old male presenting with left shoulder pain. He describes the pain in its worst location in the vicinity of the levator scapula insertion. However the patient reports many years of ; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PATIENT HAS HAD THERAPY WITH NO RELIEF AND BEEN ON NAPROXEN WITH NO RELIEF HAD AN INJURY LIFTING SOMETHING OVER HER HEAD FELT A POP. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Patient possibly has polymyalgia rheumatica and RA; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain, fatigue, muscle weakness, burning pain; Prednisone, Aleve, Tylenol, 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Right shoulder pain over a year with positive signs and symptoms of biceps tendon tear and rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; 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.; Aleve; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		shoulder was forced backwards. immediate pain. decreased strength. Positive empty can test. pain with movement. full passive motion with limited active abduction, forward flexion, and external rotation.; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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. >	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; faxing clinicals	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 complaining right shoulder pain. Symptoms aggravated by reaching behind and overhead. Positive OBriens, Hawkins, Cross body, Neers. X-ray was negative. Suspected rotator cuff tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 back in January of 2018, patient had severe pain in shoulder after fall and ignored the pain. We are needing to get a MRI to determine possible rotator cuff tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 severe Left Shoulder pain. Symptoms are aggravated with lifting and overhead motion. He has a positive Lobe Impingement, Hawkins Impingement and O'Brien. X-ray shows a superior spur in the AC joint on the Zanca view and a small subchondral	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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."; Physical therapy is not helping, tenderness of the bicipital groove, limited range of motion, and painful arc greater than 120.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Pt fell in March and May-6 weeks of PT; This is a requests for a hip MRI.; It is not know if 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 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.	3
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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 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 has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	30
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	9
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	19
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has 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 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	6
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 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	74150 Computed tomography, abdomen; without contrast material		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
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Abnormal MRI showing Abnormal retroperitoneal lymph nodes in the Right Lower Quadrant as well in the Cervical area. Possible Metastatic disease, Lymphoma, sarcoïd; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/12/18; There has not been any treatment or conservative therapy.; Left side body pain, weakness and numbness in her leg. Not able to lift L arm above her head and has a positive Hornblowers and positive Jobe maneuver. she has diminished sensation to light touch in her hand in all nerve distributions compared to the co.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		History of iron deficiency Anemia, 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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt had MRI and it is showing a tumor in R hip. Plain films revealed something abnormal; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	na; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 8 WEEKS FROM 4/30/2018; There has been treatment or conservative therapy.; HEAD COCK TO THE SIDE WITH HIS CHIN POINTED TOWARDS THE LEFT; HALO AND BEGAN 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Severe weakness and numbness, memory loss, dizziness; This study is being ordered for a neurological disorder.; 03/15/2018; There has been treatment or conservative therapy.; Severe neck pain with radiculopathy. decreased mobility, numbness and weakness in the bilateral extremities. multiple prior surgery, memory loss, dizziness, headaches; Medication,steroid injections, spinal exercises, lifestyle modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has had neck pain with bilateral radiating pain to the upper extremities for greater than 6 weeks. The patient has tried ice, heat, rest, over-the-counter medications, therapy, none of which have helped. The patient has also had cervical epidu; 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 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	the patient still has significant neck pain. It is clear that she has L5-S1 spondylosis with spondylolisthesis. However, she is concerned about her neck pain. I have reviewed her MRI. MRI shows multilevel degenerative disc disease and facet arthrosis bu; 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
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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 neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy.;" The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	CT scan medically necessary to follow the pelvic fracture and evaluate the spinal 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.; 6/1/18; There has been treatment or conservative therapy.; Severe pain in the lower back with weakness and tingling in the extremities. Screw in sacroiliac joint which has migrated posteriorly and disappeared.; Non steroidal anti inflammatory medications. 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	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Severly impaired walking and moving; This study is being ordered for a neurological disorder.; 6/26/18; There has been treatment or conservative therapy.; R lower back pain and hip pain. significantly impaired walking or moving; Non steroidal anti-inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 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.; Unsuccessful, pt is still having pain and headaches; Tylenol, Neurton	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 have new or changing neurologic signs or symptoms.; There is weakness.; acromion deg. changes.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; positive spurllings test; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 06/02/2018; It is not known if there has been any treatment or conservative therapy.; He states that the symptoms have been acute traumatic and began on 06/02/2018. He indicates the injury occurred during a motor vehicle accident. The accident occurred on 06/02/2018. He was driving an automobile. And was wearing a seat belt and the air; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Arkansas Specialty Orthopaedics, 800 Fair Park Blvd., Little Rock, AR 72204   PATIENT: Morgan Rush MED REC NUM: 00000297997 DATE OF BIRTH: 07/07/1980 AGE: 38 Years D; This study is being ordered for a neurological disorder.; 04/06/2017; There has been treatment or conservative therapy.; Neck pain that radiates into arms bilateral with numbness and tingling.; Physical therapy, anti-inflammatory medication, steroid injections cervical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CONSTANT SHOULDER AND NECK PAIN. XR REVEAL SIGNIFICANT DEGENERATIVE CHANGES IN NECK; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT HAS HAD SHOULDER PAIN AND BACK PAIN FOR SOME TIME. SHE HAS CHANGE IN ACTIVITY AND TAKES VICODIN	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Diagnosis: Left cervical degenerative disc disease C5-6 foraminal stenosis and radiculopathy versus facet arthritis; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	JUST GAVE IT ALL TO YOU ON THE LAST QUESTION; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Alleviating Factors: heat; OTC medication (Ibuprofen); narcotics (hydro 10/325); massage  Aggravating Factors: lifting; carrying (heavy items); sleeping in off positions (on couch)  Associated Symptoms: tingling (mainly down the left arm); popping/click; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	please see attached clinical; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has tried several months of conservative treatments with 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 weakness.; The patient has a 3 out of 5 extremity strength to the bilateral upper extremities on the examination of the biceps and triceps flexion.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 completed 6 weeks of physical therapy?	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	3
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; on exam it is noted that she now has numbness in the index finger and it is felt this may be coming from the neck. We need to determine if there is an HNP that is effecting the nerves; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; patient also complaining of left-sided neck pain as well as paresthesias into the left thumb and index finger. symptoms worse with driving and lifting activities. He received a cervical spine ESI approximately 3 years ago which provided significant relief; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; LOW BACK PAIN DEGENERATIVE DISC SCOLIOSIS HERNIATION POSSIBLE	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; May 2018; There has not been any treatment or conservative therapy.; Rotator cuff tear. Pt is continuing to have radicular pain, pt has tried anti-inflammatory and steroid 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	x-ray cervical spine 9/11; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Nov 13 2012; 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
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 07/11/2018; It is not known if there has been any treatment or conservative therapy.; This is a 42-year old female who presents with spine pain  She has a chronic history of mid and low back pain. She was diagnosed with scoliosis at the age of 12, at a school screening. She did not have any type of scoliosis evaluation until the age of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 6 weeks ago; It is not known if there has been any treatment or conservative therapy.; This is a 59-year-old gentleman who I previously evaluated now here with left periscapular pain he says it began over 6 weeks ago and has not been alleviated with physical therapy on the left shoulder. He describes it is primarily located in the left par; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 in 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more than once for these symptoms.	1

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	3
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; low back pain with radiculopathy, lower extremity weakness on exam, pain with ROM and decreased ROM.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 06/02/2018; It is not known if there has been any treatment or conservative therapy.; He states that the symptoms have been acute traumatic and began on 06/02/2018. He indicates the injury occurred during a motor vehicle accident. The accident occurred on 06/02/2018. He was driving an automobile. And was wearing a seat belt and the air; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Degenerative disc disease, L4-L5 and L5-S1 with radiating right leg pain, numbness, tingling; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain with radiculopathy. She complains of numbness and tingling in the lesser toes.; 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Mitchell comes in today for review of the MRI of her hips, which shows incidental mild foraminal stenosis at L5-S1 bilaterally and some mild tendinosis in the gluteal tendons, but no evidence of any significant arthritis in the hips. She says she has; The study 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.; Ms. Mitchell comes in today for review of the MRI of her hips, which shows incidental mild foraminal stenosis at L5-S1 bilaterally and some mild tendinosis in the gluteal tendons, but no evidence of any significant arthritis in the hips. She says she has	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 04/01/2018; There has been treatment or conservative therapy.; Low back pain with radiculopathy to the right extremity. Painful to stand walk and sit. Pain at night. She has tried pain management with no relief of symptoms. Patient has severe GERD and cannot take anti-inflammatories. Previous diagnosis of spondyl; Medications including, Morphine, Lyrica, Robaxin 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is also having left hip and buttock pain. she has had a steroid shot. she has done stretches and home exercise with no relief. she has also had noninvasive treatment with cold laser treatment with no relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is in severe pain and its affecting quality of life. Patient would like this MRI of thoracic and lumbar as soon as possible.; This study is being ordered for a neurological disorder.; around February 1, 2018; There has been treatment or conservative therapy.; low back and mid back pain constant pain when standing, sitting, bending, squatting, walking...anything he does. Pain keeps him awake at night radiculopathy down right lower extremity with  numbness of foot.; change in activity level bracing physical therapy home exercise program NSADIS pain medicine oral steroids muscle relaxers xrays taken were non diagnostic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Post laminectomy and fusion L5-S1. Patient has developed recurrent back pain. Requesting MRI to evaluate ongoing pain. CT to evaluate prior fusion with instrumentation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2018; There has been treatment or conservative therapy.; Upper Lumbar back 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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?	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 unknown; This study is being ordered for trauma or injury.; Approximately August 2011; There has been treatment or conservative therapy.; neck pain, headaches, lower back pain, back pain radiates down to both legs; chiropractic care, steroid injections, medication, activity modification, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CC: Left Hip  HISTORY OF PRESENT ILLNESS: Zina presents today for left hip pain. I last saw her in clinic on 07/17/2018 for her left knee. She reports no known mechanism of injury. She has been having pain for approximately two months. Her pain prese; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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.; Sharp frequent pain, severity 8/10, when walks for more than 20 mins it hurts really bad, numbness, chiropractic treatment for 2 months. Tenderness of the S1 joint, obers test positive.; Tylenol for pain, ice nsads, naproxen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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.; Sharp frequent pain, severity 8/10, when walks for more than 20 mins it hurts really bad, numbness, chiropractic treatment for 2 months. Tenderness of the S1 joint, obers test positive.; Tylenol for pain, ice nsads, naproxen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73200 Computed tomography, upper extremity; without contrast material	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, EBCT, 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	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 2016; There has been treatment or conservative therapy.; left shoulder pain and weakness r/o tear or derangement, member fell off roof; meds and Home Exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	MRIs of the right hand and wrist with and without contrast evaluate the postsurgical changes as well as the symptoms of the swelling to the wrist and hand.; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 8/1/2017; There has been treatment or conservative therapy.; Pain and discomfort and she can't sleep at night. She can't use her hands due to pain.; NSAIDs, analgesics and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; 2016; There has been treatment or conservative therapy.; left shoulder pain and weakness r/o tear or derangement, member fell off roof; meds and Home Exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	na; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	r/o arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; May 4,2018; There has been treatment or conservative therapy.; joint swelling in wrist and fingers; 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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.	2
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	These test are being ordered to rule out RA versus OA; This study is being ordered for Inflammatory/ Infectious Disease.; 2012; There has been treatment or conservative therapy.; muscle aches, muscle weakness, arthralgias/joint pain, back pain, swelling in the extremities; Skelaxin 800 mg tablet Take 1 tablet twice a day by oral route.  tizANidine 4 mg tablet Take 3 times a day by oral route.  Tylenol  voltaren gel  She was previously on ibuprofen, but had a gastric sleeve in 2016 and could not longer take it.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; May 2018; There has not been any treatment or conservative therapy.; Rotator cuff tear. Pt is continuing to have radicular pain, pt has tried anti-inflammatory and steroid 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
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 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.; It is not known if the ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 1 year ago; It is not known if there has been any treatment or conservative therapy.; Weakness Swelling Chronic 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
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 5/1/2018; 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
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 5 years ago then reinjured one month ago; There has been treatment or conservative therapy.; stiffness and swelling about the medial knee; previous knee aspirations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	David is a 61-year-old white male, construction worker, framing and trim; 11 days ago, jumped off a rock onto another rock hitting his right heel. Since that time, he has had severe pain, swelling on the plantar aspect of his foot. X-rays made elsewhere; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Left foot examined, ulceration noted over the medial aspect of the midfoot, arch. No gross purulence, some surrounding erythema. Loss of the normal medial arch is noted, heel valgus; This study is being ordered for trauma or injury.; December, 2017 ankle fracture; There has been treatment or conservative therapy.; Chronic wound left foot, poorly controlled insulin-dependent diabetic, smoker; wound care, home health 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	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Left knee pain improved Prepatellar bursitis improving Prepatellar bursitis improved; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	ligament tear; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	possible meniscus tear in both knees.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	right foot pain x 4 weeks. PCP treated for Gout no improvement. Antinflammatories used no improvement; 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
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	3
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	CT revealed AVN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1/2018; There has been treatment or conservative therapy.; Pain and femur fracture; Pain Management 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	1
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Discuss differential diagnosis the patient. With the length of time of groin pain this would include a labral injury. He appears to exacerbated her left hip fixed again with a possible labral injury or more likely a strain to the iliopsoas. Because the; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., years ago, 2010, There has been treatment or conservative therapy.; Bilateral hip pain/ pain with exercising/ pain and pop in the hip; 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	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Don't really see anything overt to explain his hip pain. Recommend MRI of his hips to look for occult reasons for his hip pain. It is possible that the pain is a sequela of the childhood polio that he had.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than one year; There has been treatment or conservative therapy.; ; Treatment with LESI, NSAID, and oral 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	2
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	to rule out avascular necrosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	increased labs increased d-dimer u/s of RLE negative for DVT. check for pelvic lymphadenopathy and compression of iliac veins secondary to lymphoma; 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

Osteopath	Approval	71250 Computed tomography, thorax; without contrast material		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 9/9/18; There has been treatment or conservative therapy.; fever of unknown origin, shortness of breathe, abdominal pain; medications, changed diet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Osteopath	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Osteopath	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/08/2014; It is not known if there has been any treatment or conservative therapy.; Dentofacial anomalies including malocclusion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Other	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Other	Approval	71250 Computed tomography, thorax; without contrast material		Restaging for lung 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
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		failed conservative treatment; 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
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The pain is aching, dull, sharp and stabbing. Patient says, at its worse his pain is 10/10, at its least it is 6/10, on an average about 8/10, and right now it is 8/10. The pain is made worse by bending, changing position, lifting, standing a long 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.; The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradually over time without significant initiating factor.; There has been treatment or conservative therapy.; States he is experiencing an increase in low back pain and is limiting his quality of life and is experiencing increase in pain and notes pain progressing to nausea at times.He awaits insurance approval for imaging of neck and low back. States he is sev; Professional caregivers seen in the past include family physician and spine surgeon. The following tests have been done in the past: MRI scan or CT scan and X-rays. He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Celebrex, Hydrocodone a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		attached clinicals; 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; The patient received oral analgesics.	1
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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 bilateral foot MRI.; Patient has diabetes and osteo.	2
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.	1
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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

Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&It; 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
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed), single study, at rest or stress (exercise or pharmacologic)		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.	1
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Other	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1
Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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 immunocompromised.; 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
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&It; 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.; 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
Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	&It; Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; &It; 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
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	&It; Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; &It; 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
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 08/03/2017; There has not been any treatment or conservative therapy.; Chronic 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
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	1
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 08/03/2017; There has not been any treatment or conservative therapy.; Chronic 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
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	LIVER MILDLY ENLARGED; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Other	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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. ; &t; Enter answer here - or Type In Unknown If No Info Given. &t;	1
Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with recent chest pain and TIA's needing stress test to r/o acute coronary syndrome. ; It is not known if the patient is diabetic. ; The patient has not had a recent exercise treadmill test that was positive. ; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs. ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). ; This is NOT a Medicare member. ; The patient is less than 45 years old.	1
Otolaryngology	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	1
Otolaryngology	Approval	70450 Computed tomography, head or brain, without contrast material		This is a request for a brain/head CT. ; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT. ; The patient has a suspected brain tumor. ; Known or suspected tumor best describes the reason that I have requested this test. ; There are documented neurologic findings suggesting a primary brain tumor. ; This is NOT a Medicare member.	1
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT. ; The patient has a suspected brain tumor. ; Known or suspected tumor best describes the reason that I have requested this test. ; There are NO documented neurologic findings suggesting a primary brain tumor.	2
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	1
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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.	7
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	2
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	2
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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	3
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&t; Enter answer here - or Type In Unknown If No Info Given. &t; ; 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 Computed tomography, maxillofacial area; without contrast material		; 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 Computed tomography, maxillofacial area; without contrast material		nasal drainage, nasal congestion, sinus pressure and pain; 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 Computed tomography, maxillofacial area; without contrast material		on Tracking # 11280599 (Face CT-WD) 9/25/2018 11:57:22 AM Kristin L Hale, RN Call from MDO, spoke with Amanda. Reviewed Caselogix questions, notes and patient history. Confirmed patient name, member ID, Date of Birth and address of member. Confirmed co; 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 Computed tomography, maxillofacial area; without contrast material		Patient has facial pressure, headaches, deviated septum, yellow, green,white thick mucus. Patient has had symptoms lasting longer than 12 weeks. Patient has tired conservative treatment despite any relief in symptoms. ; 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 Computed tomography, maxillofacial area; without contrast material		Positive beta 2 transferrin test for CSF leak. ; 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 Computed tomography, maxillofacial area; without contrast material		pressure, headache, clots in her nose, 3-4 months of antibiotics, deviated nasal septum, nasal obstruction. 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 Computed tomography, maxillofacial area; without contrast material		pt has recurrent acute 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 secondary to ruptured long head of the biceps and possible cuff tear	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 INSTABILITY OF RIGHT SHOULDER JOINT	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 was watching grandson for a few months constantly picking him up and carrying him. Nothing makes it better.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Shoulders: Inspection Right: no misalignment. Bony Palpation Right: no tenderness of the acromioclavicular joint or the greater tuberosity and tenderness of the bicipital groove. Soft Tissue Palpation Right: tenderness of the glenohumeral joint region. Ac	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Unknown	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	372
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; checking for incomplete RCT. Not using it makes it better. Pain also with stretching	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 / WEAKNESS FOR OVER A YEAR. TX: REST, AVOID ACTIVITY THAT HURTS.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; MVA 4 DAYS AGO, SHOULDER PAIN	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 is constant and worsens with movement of the shoulder, in particular lifting and overhead activities. Past history of some type of cyst located over the left posterior scapula that was aspirated and injection multiple times approximately 15 years ago	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	2
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	6
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	22
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	6
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	33
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	70490 Computed tomography, soft tissue neck; without contrast material		<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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		<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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material		Acute onset of changes in voice associated with upper respiratory infection. Now with infection symptoms resolved but now with evidence of left true vocal cord paralysis. We discussed this is likely secondary to mediastinal lymphadenopathy that he has.; This study is being ordered for a neurological disorder.; 8/26/18; There has been treatment or conservative therapy.; vocal cord paralysis -; Prednisone - Gabapentin - methotrexate 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

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	complaints of left otalgia and pain down behind ear and neck. She also had unsteadiness. She was treated with Augmentin and prednisone with temporary improvement. She has intermittent pain behind ear and left lateral neck. She also has some intermittent; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; complains of left otalgia and pain down behind ear and neck. She also had unsteadiness. She was treated with Augmentin and prednisone with temporary improvement. She has intermittent pain behind ear and left lateral neck. She also has some intermittent; There has not been any treatment or conservative therapy.; complains of left otalgia and pain down behind ear and neck. She also had unsteadiness. She was treated with Augmentin and prednisone with temporary improvement. She has intermittent pain behind ear and left lateral neck. She also has some intermittent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material	Daniela Rodriguez is a 24 y.o. female here for initial evaluation of facial cyst. She has a cyst on the left side of her face that has been there for several months. She had something similar removed in 2012 by Dr. Pate. She feels like it has become large; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	history of bells palsy, look for sores of the paralysis, weak voice; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	History of squamous cell carcinoma to the right tonsil and neck. 2.5 cm left level lb mass, firm.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	MASS; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 fell 5 days ago in a cave went to ER xrays were done showed dislocation, it was put back into place by Dr. Robert Wycoff who told the patient to follow up with orthopedist. Patient needs MRI to Rule out RCT	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 tried Naproxen that helped laying down makes it worse as well as using it.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.	6
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	17
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.)."	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.).";	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	26
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 If No Info Given. >	5
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 present for 5 months. no improvement with physical therapy or nsalids. weakness notes on exam	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	MONITOR NECK MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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 ENT specialist.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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	78
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Unknown.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1. Assessment Nonintractable headache, unspecified chronicity pattern, unspecified headache type (R51).  Impression MRI showed no sinus diseases. Exam and history not c/w vestibular cause.  Patient Plan I think this is probably an atypical migrai; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2017; There has been treatment or conservative therapy.; She describes episodes of vertigo, cold sweats and nausea since December 2017. Dizziness is described as extreme listening the nausea and vomiting. It often last an entire day but sometimes longer. Her most frequent ur recent episode yesterday; She has been assessed with an MRI and reports that this was normal. Vertigo improved by lying still. She also feels sensation of fullness when this occurs and headache. Meclizine does not help. She often wakes up with these headaches. She denies nasa; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; 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 a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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.	2
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(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.; ; 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
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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.	2
Otolaryngology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Otolaryngology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		& 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 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.; It is not known if surgery is planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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 not 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 injury to left shoulder, two plus tenderness, impingement tested positive, ac cross over adduction test positive, strength 4 out of 5 on supraspinatus, physical therapy at home injections activity moderation at home and INSAID did not help	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Positive Tinnell, positive phalen. pain with abduction and internal rotation. , she has pain pushing forward. Weakness with abduction on the left. X-ray show her AC joint has DJD, and she has a large sub acromial Stur.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; suspected rotator cuff and labral tear. pain x several years, progressively worsening. limiting activities of daily living. minimal relief w/ anti inflammatories	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; unknown	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; We will obtain a MRI of the shoulder. We spoke about conservative and surgical treatment options. The patient has failed conservative treatment. The surgical procedure was discussed which will include arthroscopy with possible RTC repair, evaluation of	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; Enter answer here - or Type In Unknown If Based on the nature of the injury and physical exam, I suspect a SLAP tear.& We did decide to go ahead and obtain an MRI of the right shoulder. I will see female back after this has been performed to review it to	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	47
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	6
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Disorder of Smell& R43.1; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		r/o NF; This request is for a Brain MRI; The study is 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

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear; There is a suspected cholesteatoma of the ear; The patient has not had a recent brain CT or MRI within the last 90 days; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear; There is not a suspected cholesteatoma of the ear; The patient has not had a recent brain CT or MRI within the last 90 days; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	5
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	11
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 received joint injection(s).	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.; The study is not requested for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a 46 year old male who is following up for Shoulder Pain. He was seen on June 5, 2018, at which time He has had some increased pain since his accident but overall is doing about as expected. There is no obvious biceps deformity and it is really.; 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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.	26
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	2
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Trigeminal, hypoglossal, or lingual nerve sensation changes; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unk; 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	71250 Computed tomography, thorax; without contrast material			1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		< 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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		flexible exam reveals an exophytic mass of the right lateral pharyngeal wall, there is a nodularity of the right TVC as well concerning for laryngeal tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		possible lung cancer or other tumor; 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	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		surgical consultation for adenocarcinoma of right palate.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material		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.; 5/19/2018; There has not been any treatment or conservative therapy.; fullness of lower neck, spate from thyroid gland, family history thymoa; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72125 Computed tomography, cervical spine; without contrast material		complaints of left otalgia and pain down behind ear and neck.She also had unsteadiness. She was treated with Augmentin and prednisone with temporary improvement. She has intermittent pain behind ear and left lateral neck. She also has some intermittent ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; complaints of left otalgia and pain down behind ear and neck.She also had unsteadiness. She was treated with Augmentin and prednisone with temporary improvement. She has intermittent pain behind ear and left lateral neck. She also has some intermittent ; There has not been any treatment or conservative therapy.; complaints of left otalgia and pain down behind ear and neck.She also had unsteadiness. She was treated with Augmentin and prednisone with temporary improvement. She has intermittent pain behind ear and left lateral neck. She also has some intermittent ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Otolaryngology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		LESION OF LABIA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Otolaryngology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 experienced pain for greater than six weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 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 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4
Otolaryngology	Approval	78813 Positron emission tomography (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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	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.; A YEAR IN A HALF AGO; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Constitutional: Negative.  HENT: Positive for congestion, postnasal drip, rhinorrhea, sinus pain and sinus pressure.  Eyes: Negative.  Respiratory: Negative.  Cardiovascular: Negative.  Endocrine: Negative.  Musculoskeletal: Negative.  Skin; This study is 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 1 year before visit on July 24, 2018; There has been treatment or conservative therapy.; 5-6 sinus infections in the last year   Constitutional: Negative.  HENT: Positive for congestion, postnasal drip, rhinorrhea, sinus pain and sinus pressure.  Eyes: Negative.  Respiratory: Negative.  Cardiovascular: Negative.  Endocrine: Negati; been treated with Levaquin, Prednisone and Flonase; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents today for follow up to chronic sinusitis. Patient states that she has been treated several more times since last office visit. CT was previously denied. Patient also wants to re order allergy testing. History of splenectomy; "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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	4
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration). It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration). It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration). The time since onset is unknown; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	15
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	3

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		unknown; This study is being ordered for trauma or injury; 9/25/17 car accident; There has been treatment or conservative therapy.; pain behind rt shoulder, tenderness; 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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury; 7/3/18; There has not been any treatment or conservative therapy.; Right hip, ankle, and foot pain from motorcycle wreck.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Computed tomography, lower extremity; without contrast material		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	52
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Computed tomography, lower extremity; without contrast material		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 a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 medications in conjunction with this complaint.; This is 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
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	tonsils C/o large tonsils and constant nasal congestion. Pt states that she was allergy tested at Hedberg Allergy, which was negative. Pt states that she snores. She has a lot of PND. She has some trouble talking when her tonsils are very enlarged. She 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 Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Visit 07/06/2018 She is following up for sinusitis, chronic (Chronic sinusitis, unspecified). She was seen on April 19, 2018, at which time she was prescribed Cefdinir 300 mg capsule (One tablet twice a day) and Nasal endoscopy was performed. The pati; 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	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient reports having recurrent, monthly pressure and pain in right ear and feeling of heat around ear and right side of face. Her pain is deeper in ear. She also has swelling to right side of face. Patient denies any swelling with eating. She cannot pop; This study is 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 asymmetrical Sensorineural hearing loss on left with right tinnitus and right otalgia Patient reports having recurrent, monthly pressure and pain in right ear and feeling of heat around ear and right side of face Her pain is deeper in ear. She also has swelling to right side of face. Patient denies any swelling with eating. She cannot pop; Allergic rhinitis-prescribed Flonase to use in conjunction with Zyrtec D; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness  Primary symptoms include Imbalance, lightheadedness and sensation of spinning. The problem quality is exertional, similar to previous episodes and moderate. Patient reports dizziness severity as moderate. Patient rates pain as no pai; 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
Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	she has fullness and a heavy feeling on the right side of her head and face. She also says she feels like she has something sharp in her right ear that causes pain. She also reports she is still having dizziness when turning head to right and looking up.; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pediatric Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a neurological disorder.; 05/2018; There has been treatment or conservative therapy.; seizures, lower extremity numbness, reflex decreased, myoclonus; blood work, labs, vitamins, drinking more fluids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	2
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1

Pediatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Concern for recent TIA given symptoms of HA and chronic vertigo unrelieved with conservative treatment.; This study is being ordered for a neurological disorder.; 05/18/18; There has been treatment or conservative therapy.; Headache, dizziness/vertigo, facial and sinus pain, earache at times.; Decadron inj, Rocephin inj, PO antibiotics, Meclizine, singulair, promethazine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material		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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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	17
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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.; 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.	1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		symptoms for 6 days, has been to the ER, dizziness, hand shaking, tremors, abnormal head movement; 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	72125 Computed tomography, cervical spine; without contrast material		; This study is being ordered for a neurological disorder.; 05/2018; There has been treatment or conservative therapy.; seizures, lower extremity numbness, reflex decreased, myoclonus; blood work, labs, vitamins, drinking more fluids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72131 Computed tomography, lumbar spine; without contrast material		; This study is being ordered for a neurological disorder.; 05/2018; There has been treatment or conservative therapy.; seizures, lower extremity numbness, reflex decreased, myoclonus; blood work, labs, vitamins, drinking more fluids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Imaging needed for visit w/ neurosurgeon; This study is being ordered for Inflammatory/ Infectious Disease.; June 2015; There has been treatment or conservative therapy.; Pain, stiffness; Pt, humara; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; abnormal x ray	1

Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/1/2018; There has not been any treatment or conservative therapy.; pain when walks and laying down, pain with motion, decrease rang 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		5 large pores base not able to be observed, tender to touch; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pain sitting for long periods stabbing pain. Last 2 months has been worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.; acute osteomyelitis unspecified site; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/3/2018; There has been treatment or conservative therapy.; Burning, Sharp pain, Swelling.; PT, Bracing, 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Bernard is a 45-year-old black male who works for a drug manufacturing company that states without any precipitating injury, 8 months ago, he began having pain in his right foot, started in the metatarsal area laterally of his right foot and has extended.; 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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Exam: Appearance: well developed and nourished Orientation: Alert and oriented to person, place, time. Mood: mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances Gait:  antalgic. Right LE Peri; This study is being ordered for trauma or injury.; HPI:  This is a 11 year old male who comes in for a chief complaint of knee pain, involving the right knee. The knee pain is located all over the knee (diffuse). This occurred in the context of playing a sport (football) on 08/25/2018 when Tackle & Turn; There has not been any treatment or conservative therapy.; This is a 11 year old male who comes in for a chief complaint of knee pain, involving the right knee. The knee pain is located all over the knee (diffuse). This occurred in the context of playing a sport (football) on 08/25/2018 when Tackle & Turn; . One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		history of right knee ACL reconstruction done elsewhere in 2003. She had no interval troubles with her right knee following the ACL reconstruction.; 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,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Tanner is a 11 y.o. male who presents today for follow-up. He continues complain of pain. He has pain in more anterior currently. He has not been throwing. States he has pain even with lifting up his backpack. Denies any radiation of symptoms. He ha	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1

Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material		The patient was seen in the Baptist Health Emergency Room on 9/25/18 where he was diagnosed with mono and an enlarged spleen. The patient is still experiencing pain and tenderness to his abdomen.; 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	1
Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material		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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		I discussed my findings with the patient in detail including options of treatment and the benefits and risks of each. She has had a complex presentation. She underwent multiple treatments including cortisone injection, oral prednisone, oral NSAIDs, phys; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/01/2018; There has been treatment or conservative therapy.; Ongoing left hip pain and knee pain for the last seven months. Sudden onset, no event or injury. Constant pain over posterior hip/buttocks area that radiates down to her knee and mid calf. Pain is mostly achy but can be sharp at times. Pain is worse w; She underwent multiple treatments including cortisone injection, oral prednisone, oral NSAIDs, physical therapy, chiropractic treatment and epidural injections, EMG in addition to others. She has undergone 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		MRI ordered to ascertain and evaluate peroneal tendons and lateral ligament, once it the suspected tear is verified and can be seen by imaging the surgery will then be scheduled; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Patient is experiencing bilateral knee pain and weakness. Positive Steinman and McMurray testing. Possible ligament 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.; unknown; There has been treatment or conservative therapy.; Bilateral knee pain and weakness; Physical therapy 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	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		persistent right ankle pain of 2 years duration. He states that he jumped over a fence about 2 years ago and injured both ankles and the left ankle has resolved and does well, but he's had persistent problems with his right ankle since that time. Patient ; 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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Right ankle is examined, she is tender to palpation diffusely over the anterior ankle joint, no obvious edema compared to the opposite side. Crepitance of tibiotalar motion but this is noted. Also on the contralateral side. Alignment equal. Motor funct; This is a request for an Ankle MRI.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	2
Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 6/2/2018; There has not been any treatment or conservative therapy.; Abdominal pain, fever, weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Pediatrics	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)		This is a request for Heart CT Congenital Studies.	1
Pediatrics	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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; Congenital heart disease, known or suspected; aortic valve replacement with high gradient and RVOT aneurysm	1
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Concern for recent TIA given symptoms of HA and chronic vertigo unrelieved with conservative treatment.; This study is being ordered for a neurological disorder.; 05/18/18; There has been treatment or conservative therapy.; Headache, dizziness/vertigo, facial and sinus pain, earache at times.; Decadron inj, Rocephin inj, PO antibiotics, Meclizine, singular, promethazine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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
Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; &t;Enter Additional Clinical Information&t;	1
Pediatrics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 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
Pediatrics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has been in severe pain with loss of appetite and diminished activity along with fatigue. He is having weakness and abdomen 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.; first seen him on 06/21/18; There has been treatment or conservative therapy.; loss of appetite, diminished activity, fatigue, abdominal pain, weakness, jaundice, LUQ tenderness and CVA tenderness, tenderness and splenomegaly; to 5 cm; Pt takes Amoxicillin 500mg twice daily and folic acid 1 mg tablet everyday, this is not working and he is in severe 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
Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; He has had some really bad stomach pain that will come and go. There has been no vomiting and no diarrhea. He has had temperature in the 99-100 degree range a couple of times but not persistently over this 10 day period of time. His stomach pain seems bet; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &t;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &t;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	pt has been in severe pain with loss of appetite and diminished activity along with fatigue. He is having weakness and abdomen 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.; first seen him on 06/21/18; There has been treatment or conservative therapy.; loss of appetite, diminished activity, fatigue, abdominal pain, weakness, jaundice, LUQ tenderness and CVA tenderness, tenderness and splenomegaly; to 5 cm; Pt takes Amoxicillin 500mg twice daily and folic acid 1 mg tablet everyday, this is not working and he is in severe 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
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has been in severe pain with loss of appetite and diminished activity along with fatigue. He is having weakness and abdomen 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.; first seen him on 06/21/18; There has been treatment or conservative therapy.; loss of appetite, diminished activity, fatigue, abdominal pain, weakness, jaundice, LUQ tenderness and CVA tenderness, tenderness and splenomegaly; to 5 cm; Pt takes Amoxicillin 500mg twice daily and folic acid 1 mg tablet everyday, this is not working and he is in severe 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
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Chronic low back pain and L lower and upper extremities pain; Physical therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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.; Chronic low back pain and L lower and upper extremities pain; Physical therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	3
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Pain in the sacrum, 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. < Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; 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
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 02/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; 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
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 02/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; 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
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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	3
Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		See attached clinical; 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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		See attached clinical; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; No, the plain films/scans are not normal.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	27
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	15
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2

Plastic Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		Large back 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
Plastic Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Plastic Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material		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	1
Plastic Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Plastic Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given 5/14/18; 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
Plastic Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	1
Plastic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		PATIENT HAD A COMPLEX WOUND CLOSURE TO THE ABDOMINAL WALL BACK IN MARCH. ABOUT A MONTH AGO SHE STARTED GETTING A PAINFUL MASS THAT SWELLED ON HER ABDOMINAL WALL AND RADIATES TO HER GROIN.IT GOES UP AND DOWN IN SIZE.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Plastic Surgery	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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.; 01/22/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Several surgery'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
Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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 other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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.; Surgical intervention; This is a request for a bilateral ankle MRI.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; na	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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.	3
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Stress fracture, left foot, initial encounter for fracture; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Swelling greater than 3 days	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	9
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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,suspected tumor or Aseptic Necrosis; Limited range of motion	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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,suspected tumor or Aseptic Necrosis; Locking	5
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	6
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	13
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	5

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; 09/06/2018; There has been treatment or conservative therapy.; pain, swelling, walking boot, 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	3
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 suspicion of tendon or ligament injury.	1
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 suspected tarsal coalition.	1
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 6 months ago; There has been treatment or conservative therapy.; Pain, swelling, limping.; 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	2
Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 been a change in seizure pattern or a new seizure.; This is not a new patient.	1
Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Psychiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	3
Psychiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; 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 Evaluation; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Psychiatry	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Psychiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	1
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material			1
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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

Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material			51
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/17/17; There has not been any treatment or conservative therapy.; Shortness of breath, several right lower pulmonary nodules. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; 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 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	Approval	71250 Computed tomography, thorax; without contrast material		6 mo followup;"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	18
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		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	10
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	29
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	78
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		DOUBLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST UPLOAD CHART NOTES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Follow to pulmonary nodules.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		FOLLOW UP 3-6MOS CT CHEST   AT THE REQUEST OF: PATIENT NAME: LUNG SCREENING EDWARDS, CYNTHIA DOB: AGE/SEX: NWA LUNG CANCER SCREENING PROGRAM 09/14/196354/Female SPRINGDALE AR 72764 PATIENT ID#: DATE OF SERVICE: 156010110/16/2017 CT CHEST WITHOUT CONTRAST  Te; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		FOLLOW UP CT CHEST FOR PULMONARY NODULES    AT THE REQUEST OF: EDWARD L JACKSON, MD PATIENT NAME: DIANA L BONE DOB: 09/17/1958 AGE/SEX: 58/Female DATE OF SERVICE: 07/07/2017 PATIENT ID#: 1458691  PROCEDURE(S): CT CHEST WITH  CT CHEST WITH CONTRAST ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		multifocal and bilateral micro-nodularity and scattered subcentimeter pulmonary nodules, a trace right-sided pleural effusion and mild mediastinal lymphadenopathy.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal ultrasound finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Ordering Chest CT to compare to his January 2018 CT which showed interstitial thickening, this will determine if he requires a bronchoscopy as he is asymptomatic at this time.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has had unintended 40 pound weight loss, hemoptysis, chronic cough and tobacco abuse; A Chest/Thorax CT is being ordered.; It is unknown if the patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt had abnormal chest xray that showed suspicious nodule in the left lower lobe of lung field.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT HAS HAD A PREV CT 5/28/18 THIS IS FOLLOW UP; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt has mediastinal lymphadenopathy; 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	Approval	71250 Computed tomography, thorax; without contrast material	Referring Provider Information Referring Provider: Gary L. Templeton MD NPI: 1477599389 Facility Name: Fdc PUL Submitted By: Kerry Hines, RN Email:   Requested Exam Requested Exam: CT - 71250 CT CHEST W/O CONTRAST Anticipated Date: 08/22/201; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Sarcoidosis of lung, 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	suspicious 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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	7
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Xray from 05/21 shows evidence of ILD involving both lungs especially in UL's and with some mediastinal fullness; 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 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	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		2
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM Tasked 07/06/2018 10:32 AM by Iris Jakobs, RN  Patient Information Name: WILHITE, REBECCA DOB: 11/01/1957 IDX #: 1577063 ID:  Home Phone: (479)409-6586 Work Phone: Alt Phon; 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
Pulmonary Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Pulmonary Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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
Pulmonary Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		1
Pulmonary Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	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	1
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	DOUBLE STUDY MEANS AUTOMATIC REVIEW. WILL IUST UPLOAD CHART NOTES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; 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
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Pulmonary Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.;" confirmed Langerhans cell histiocytosis, follow up, tissue sample to confirm	1
Pulmonary Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	1

Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)				1
Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			< 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.	1
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body			This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	78813 Positron emission tomography (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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN 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.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING			Mrs. Perkins is a 63 year old black female following up after being in the hospital 11/19/2017 with healthcare-associated pneumonia and influenza. She denies having a cough at times when she's lying down that's non-productive. No wheezing or shortness of; 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
Pulmonary Medicine	Disapproval	70486 Computed tomography, maxillofacial area, without contrast material	Radiology Services Denied Not Medically Necessary		lung transplantation; This study is 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.; < 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
Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary		pt has been having a cough, dysphagia and hoarseness. Patient had an ultrasound of the neck that came back normal; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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	3
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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 request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		31 yo man PMH HTN, recently quit smoking after 12 ppy, here for evaluation after he had abnormal PFTs. Patient initially presented to his PCP due to cough, chest tightness and mild shortness of breath. At the time he had PFT's done which were suggestive.; 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
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	32

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	9
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	lung transplantation; This study is 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.; < Enter answer here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has 2.51 cent lesion in pancreas this would be a 6 month follow up; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	76380 Computed tomography, limited or localized follow-up study	Radiology Services Denied Not Medically Necessary	for ct needle biopsy, to determine needle placement for biopsy; Limited or Follow up other than Sinus CT; Chest	1
Pulmonary Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	< 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
Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Follow up scans requested for post radiation treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		follow up; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		On last office visit with doctor patient complained of significant headaches with nausea with episodes of vomiting. Patient also 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.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has non-small cancer with brain metastasis. Patient has been treated with stereotactic radiosurgery and this scan is a followup post surgery.; 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

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has received stereotactic radiosurgery in January 2018. This scan is being requested for restaging/follow up purposes.; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is the patient's 3 month followup scan post radiation treatments; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.	6
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of 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	4
Radiation Oncology	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for staging.; 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 why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	1
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 2 exams are being ordered.; One of 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	cancer; 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, mass, neoplasm, or metastatic disease.	1
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	patient complete treatment; 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, mass, neoplasm, or metastatic disease.	1
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pt had a prostate biopsy, Gleason Score of 6 stage T2 prostate cancer. Highly suspicious of metastatic disease with PSA of 24.8; 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
Radiation Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient came into office today with complaints of severe abdominal pain and cramping. Will need STAT CT of abdomen/pelvis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	78813 Positron emission tomography (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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Recurrent breast cancer, projectile vomiting, evaluate for metastasisInfo Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Colo-rectal Cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		HAS HEART FIBILATIONS, BLOOD PRESSURE UNCONTROLLABLE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		HAS HEART FIBILATIONS, BLOOD PRESSURE UNCONTROLLABLE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		HAS HEART FIBILATIONS, BLOOD PRESSURE UNCONTROLLABLE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Radiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; DIAGNOSED WITH CHOLANCOCHOCOR. BIOPSY ON LIVER CONFIRMED ACT. NEGATIVE FOR CAM 512, CYTKEITIN 7 & 20.	1
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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."; Trying to rule out liver lesion	1

Radiology	Approval	G0297 LOW DOSE CT SCAN 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.	3
Radiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lumbar Spine Inspection: Normal alignment Bony Palpation of the Lumbar Spine: No tenderness of the spinous processes, No tenderness to palpation of the sacroiliac joints, No tenderness to palpation of the greater trochanters, No tenderness of the coccyx; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; he does have left plantar flexion weakness clinically on examination, and depressed Achilles reflex, which represents an abrupt change in neurologic status likely representative of acute radiculopathy due to intervertebral disc extrusion. As such, I'd de; The patient does not have new signs or symptoms of 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
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lumbar Spine Inspection: Normal alignment Bony Palpation of the Lumbar Spine: No tenderness of the spinous processes, No tenderness to palpation of the sacroiliac joints, No tenderness to palpation of the greater trochanters, No tenderness of the coccyx; 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
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		crackles on lung exam, needs initial evaluation; 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
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;  Enter date of initial onset here - or Type In Unknown If No Info Given  It is not known if there has been any treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Myalgia; This study is being ordered for Inflammatory/ Infectious Disease.; 6/7/2018; There has been treatment or conservative therapy.; back pain, joint pain, neck pain; meds, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	3
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Rheumatology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Continue current medications. Start cymbalta. Risks and benefits of this new medication regimen were discussed with the patient, and they agreed to the new course of treatment. We will order an MRI of the lumbar spine w/wo contrast to rule out 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 weakness.; 1. Primary fibromyalgia syndrome 2. Early arthritis of the bilateral knees 3. Possible neuropathy due to previous EMG/NVC study; 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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Myalgia; This study is being ordered for Inflammatory/ Infectious Disease.; 6/7/2018; There has been treatment or conservative therapy.; back pain, joint pain, neck pain; meds, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	2
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		 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
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	3
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences			2

Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		ASSESSMENT  1. Degenerative arthritis L spine 2. erosive OA hands 3. OA knees 4. rule out rheumatoid arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; Three years.; There has been treatment or conservative therapy.; He reports that his hand pain is a shooting pain.; Alleve and Tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Rule out Rheumatoid Arthritis tenosynovitis of hand Order MRI, hand, w/wo contrast tenosynovitis of wrist Order MRI, wrist, w/wo contrast seropositive rheumatoid arthritis Check vectral(R) Da disease activity; This study is being ordered for Inflammatory/ Infectious Disease.; 06-14-2018; There has been treatment or conservative therapy.; Erosive OA hands, There is joint space narrowing to all ten PIP and DIP joints. She reports that she has sharp pain that radiates throughout her feet and hands.; diclofenac, prednisone, voltaren gel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	9
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		ASSESSMENT  1. Degenerative arthritis L spine 2. erosive OA hands 3. OA knees 4. rule out rheumatoid arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; Three years.; There has been treatment or conservative therapy.; He reports that his hand pain is a shooting pain.; Alleve and Tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	50
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 pain and irritation within the musculature overlying anterior medial thigh. Xray shows a sessile bony growth off of the anteromedial cortex of distal femur. Possible osteochondroma.; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; proximal tibia ill-defined lytic lesion seen on x-ray; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	18
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Rule out Rheumatoid Arthritis tenosynovitis of hand Order MRI, hand, w/wo contrast tenosynovitis of wrist Order MRI, wrist, w/wo contrast seropositive rheumatoid arthritis Check vectral(R) Da disease activity; This study is being ordered for Inflammatory/ Infectious Disease.; 06-14-2018; There has been treatment or conservative therapy.; Erosive OA hands, There is joint space narrowing to all ten PIP and DIP joints. She reports that she has sharp pain that radiates throughout her feet and hands.; diclofenac, prednisone, voltaren gel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			1
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	2
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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."	2
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1
Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has 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
Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Rheumatology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 2015; There has been treatment or conservative therapy.; Muscle weakness; Steroid injections; Rheumatology; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The x-ray of her lumbar spine is unremarkable. She has exquisite point tenderness in her mid lumbar spine. Given the severity of her symptoms and her underlying immune of compromised state we'll proceed with MRI of the lumbar spine to rule out discitis et; 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.; other medications as listed.; 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.; Prednisone, Hydrocodone, IV Benlysta 520 mg today. Premedicate with IV Solu-Medrol. 250 mg	1
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), and further sequences	Radiology Services Denied Not Medically Necessary	NEED TO RULE OUT RA; This study is being ordered for Inflammatory/ Infectious Disease.; 02/26/2018; There has been treatment or conservative therapy.; Bilateral hands show some squaring of the digits to the PIP joints; She has a negative ANA, rheumatoid factor of 251.6, Sed rate of 27.8; She reports that last year she began to have pain in her wrist that would wake her up at night. She reports difficulty.; prednisone 5 mg BID cyclobenzaprine 10 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&t; Enter answer here - or Type In Unknown If No Info Given &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.; &t; Enter date of initial onset here - or Type In Unknown If No Info Given &t; There has been treatment or conservative therapy.; &t; Describe primary symptoms here - or Type In Unknown If No Info Given &t; Chiropractic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 2015; There has been treatment or conservative therapy.; Muscle weakness; Steroid injections, Rheumatology; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	1
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	3
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Sports Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Chronic right hip pain likely due to sciatica. However, since he is also hurting in the groin and has underlying degenerative change of the hips, I would recommend getting an MRI scan of the hips and we will order an LESI. put him on a Medrol Dosepak foll; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Sports Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		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
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.	1
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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
Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 completed 6 weeks of physical therapy? &t; Enter answer here - or Type In Unknown If No Info Given &t; This study is being ordered for a neurological disorder.; 01/24/18; There has been treatment or conservative therapy.; &t; Describe primary symptoms here - or Type In Unknown If No Info Given &t; pt, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 7/30/2018; There has been treatment or conservative therapy.; Ankle and joint pain. Chronic pain syndrome.; 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
Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.; 7/30/2018; There has been treatment or conservative therapy.; Ankle and joint pain. Chronic pain syndrome.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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	1

Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Patient was diagnosed with anaplastic thyroid cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	7
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	7
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	5
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 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; Limited range of motion	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	6
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	55
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/30/18; There has not been any treatment or conservative therapy.; hernia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		High ancillary under left arm, biopsy of lymph nodes; This study is 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 not been any treatment or conservative therapy.; 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	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; It is unknown if anything else was noted related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Patient is 34y/o female with triple negative breast cancer. We would like to stage her before surgery.; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Patient was diagnosed with anaplastic thyroid cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		some of firework may still in body; This study is being ordered for trauma or injury.; 7/4/18; There has been treatment or conservative therapy.; burn from firework; chest xray- seen in ER- new patient; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Transplant patient liver ca; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Thoracic outlet syndrome; This study is being ordered for a neurological disorder.; 02/2015; There has been treatment or conservative therapy.; She reports that weakness and numbness, altered sensation that radiates the length of the arm and forearm.; Steroid injections, splinting, activity modifications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Numbness in legs and pain in lower back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material			1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		< 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	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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

Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		ABCESS; 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	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Post Op complication from 4/2018, no history of trauma/need ct to RO hernia/pain level 8out 10; 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 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Pt had surgery and is having drainage from one the incisions; 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	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		right groin pain, pt has history of right inguinal hernia repair. possible pt has a recurrent 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 the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		RIGHT 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
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	4
Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 there is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; 1/20/18; There has been treatment or conservative therapy.; Medial sided pain associated with difficulty on rising from a seated position and walking. Knees swell and "give out"; Right knee arthroscopy in 2014. Anti-inflammatory, meloxicam and topical 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	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		X-ray. Weightbearing AP, lateral, and oblique views of the left foot reveals a healed fifth metatarsal zone 3 fracture, no acute bony abnormalities or fractures. Normal soft tissues. IMPRESSION: Chronic foot pain, LEFT. Remote history of left fi; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/12/2017; There has been treatment or conservative therapy.; hip pain, limited range of motion; steroid injections oral analgesics , 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This study is being ordered for Vascular Disease.; 3 months; There has been treatment or conservative therapy.; Buckling when standing, pain down leg, walking with a cane, limp, tenderness, positive straight leg raising test, limited range of motion Severe pain with range of motion, avascular necrosis of right hip; x ray 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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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

Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Caller will fax 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.; 03/19/2018; There has been treatment or conservative therapy.; pain in neck and down left lower shoulder and leg, pain is 6/10, radiculopathy down both legs.; Injection, medication, at home workout.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		CT revealed AVN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1/2018; There has been treatment or conservative therapy.; Pain and femur fracture; Pain Management 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	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Discuss differential diagnosis the patient. With the length of time of groin pain this would include a labral injury. He appears to exacerbated her left hip fixed again with a possible labral injury or more likely a strain to the iliopectus. Because the; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago, 2010; There has been treatment or conservative therapy.; Bilateral hip pain/ pain with exercising/ pain and pop in the hip; 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		None; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The request is not for hip pain.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		POSTIVE FADIR BILATERALLY.; This study is being ordered for trauma or injury.; 2 YEARS AGO CAR WRECK BIALTERAL HIP PAIN. INCREASED PAIN OOVER THE LAST 2 MONTHS. XRAY SHOWS BILATERAL CAM LEASIONS SMALL CHIP OFF OF THE SUPERIOR ACETABULUM. HIP IMPINGEMENT BILATERAL.; It is not known if there has been any treatment or conservative therapy.; SYMPTOMS: PAIN, DECREASED MOBILITY, JOINT PAIN, JOINT STIFFNESS, JOINT TENDERNESS, LIMPING, WEAKNESS, LIMITED ROM.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		the extent of collapse cannot be determined on x-ray and will need MRI to plan possible total hip replacements; This study is 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 has Avascular necrosis in both hips; There has been treatment or conservative therapy.; severe pain in both hips; patient has been treated for brain cancer, she has also taken advil, ibuprofen and aleve and has vastly reduced her daily activity, the AVN was seen on MRI from MD Anderson in 2012 and also in the office here in 2013..at that time there was no collapse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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."	2
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		unknown; 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
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		& Enter answer here - or Type In Unknown If No Info Given. & This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/30/18; There has not been any treatment or conservative therapy.; hernia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		Patient is reporting abdominal pain present to her prior umbilical hernia repair incision. She has tenderness on exam. There is need to evaluate possible hernia recurrence.; 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
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		Patient was diagnosed with anaplastic thyroid cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		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 hernia repair ordered by a surgeon.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		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
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		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
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		 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 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 Computed tomography, abdomen and pelvis; without contrast material		 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;  Enter date of initial onset here - or Type In Unknown If No Info Given  It is not known if there has been any treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;  Enter date of initial onset here - or Type In Unknown If No Info Given  There has not been any treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.	10
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is not for hip pain.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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.	7
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 steroid therapy (Prednisone or Cortisone).	3
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	3
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2018; There has not been any treatment or conservative therapy.; pulmonary embolus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is not planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		67 year old male patient who presents for evaluation of a hernia. Patient is s/p laparoscopic appendectomy on 2/14/2018. There is an incisional hernia noted at the umbilicus. He first noticed the hernia about 3-4 weeks ago. Patient states the bulge has gr; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Films reviewed. Patient examined. She has an inflammatory breast cancer of her left breast. We will need to place a port for chemotherapy. We have planned to order staging studies. We discussed that she will eventually need a modified radical mastectomy o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		hernia surgery before, hernia and old scaring are coming back; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		High ancillary under left arm, biopsy of lymphnodes; This study is 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 not been any treatment or conservative therapy.; 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	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		invasive well differentiated dual adenocarcinoma. modified nottingham score 4 (2+1+1); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient found to have a colon mass that pathology revealed to be invasive colonic adenocarcinoma. We need to check for metastasis outside the colon.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		POST OP; This is a 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pt has umbilical pain because of the hernia. Tender to palpitation; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pt had previous RNY gastric bypass and is having severe abdominal pain, with 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		r/o recurrent hernia; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		surgery on 05/24/2018 back in hospital with pain had Ct that showed poss abscess another Ct on 06/02 Hida scan performed that was 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 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	3
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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 has a documented limitation of their range of motion.	5
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		X-ray: AP pelvis and lateral left hip were taken in clinic today and show cavus deformity of the left femoral head with multiple cystic changes femoral head. On the AP pelvis, multiple cystic changes are apparent as well.  IMPRESSION: Possible bilat; This study is 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.; complaint of bilateral hip pain with the left being worse than the right for the last 6 months. He reports no injury to start the pain. He states he feels pain from his hip to his knee. The pain does not go past the knee. He feels no pain in his back.; He was prescribed meloxicam by his PCP which has helped alleviate the pain. The meloxicam wears off, the pain returns.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Computed tomography, abdomen; without contrast material		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
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Large pelvic mass extending above the umbilicus measuring 22cm 13cm x 13cm was found on Lumbar MRI; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		MRI LEFT CHEST WALL Dated 09/24/18 Impression :A soft tissue mass is centered in the left axilla. The MR features of the mass are indeterminate. The size of the lesion and its deep location would suggest a malignant tumor. The prominent high flow being ; 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
Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above';. This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt fell from a kayak and hit her elbow and jarred her arm and neck. that was on 6.1.18. she has continued neck pain w dec rom; 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
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a main complaint is axial neck pain and back pain. Minimal radiation. Although him today from likely will offer him surgical intervention. However, were going to obtain an MRI of the neck and low back to make sure there is no spinal c; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; numbness, tingling, and weakness in Bilateral Upper Extremities; Physical Therapy, Injections, Medications, Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has previously had a C5-C7 anterior cervical decompression fusion. He explains that in May of this year he was involved in a motor vehicle accident. He states that since the accident he has had pain in his cervical region along with left upper; 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
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; Approximately August 2011; There has been treatment or conservative therapy.; neck pain, headaches, lower back pain, back pain radiates down to both legs; chiropractic care, steroid injections, medication, activity modification, 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	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/4/18; There has been treatment or conservative therapy.; Severe throbbing pain. Positive for numbness and tingling in the extremities. Painful and limited range of motion. History of fusion at L5-S1; Anti inflammatory medication, Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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.; 04/01/2018; There has been treatment or conservative therapy.; Low back pain with radiculopathy to the right extremity. Painful to stand walk and sit. Pain at night. She has tried pain management with no relief of symptoms. Patient has severe GERD and cannot take anti-inflammatories. Previous diagnosis of spondyl; Medications including, Morphine, Lyrica, Robaxin 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	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Post laminectomy and fusion L5-S1. Patient has developed recurrent back pain. Requesting MRI to evaluate ongoing pain. CT to evaluate prior fusion with instrumentation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2018; There has been treatment or conservative therapy.; Upper Lumbar back 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
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Drop arm sign negative; Pain in scapation with resistance negative; Cross body adduction test negative; Bear hug test negative; Belly Press test negative; Lift off test negative; Pain with internal rotation resistance negative; Pain with external rotation	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Current symptoms include: pain radiating to the fingers and hand. Pain is aggravated by: grasping, lifting heavy objects, supination/pronation as when opening doors. Symptoms have been intermittent.; Today on physical examination there is a well-healed.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 06/02/2018.; There has not been any treatment or conservative therapy.; He presents with pain and numbness on the right and left side equally. He states that the symptoms have been acute traumatic and began on 06/02/2018.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 6 weeks ago; It is not known if there has been any treatment or conservative therapy.; This is a 59-year-old gentleman who I previously evaluated now here with left periscapular pain he says it began over 6 weeks ago and has not been alleviated with physical therapy on the left shoulder. He describes it is primarily located in the left par; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	07-11-18: Follow-up advanced arthritis of knees. Right cervical radiculopathy; 54-year-old returns and is primarily limited with pain about his right shoulder and arm extending to his hand. He continues to use cane chronically. Previously was treated with; 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical degenerative disc disease with left sided radiculitis; 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; Today on examination, she has pain in the neck as well with range of motion, so we took x-rays of her neck today. She has some loss of lordosis of the cervical curve, degenerative disc changes most notably at C5-6, C6-7 is the most significant with endplate; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	had MRI done in 2016 has advanced in problems showing more disk collapse; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness; hands tingling and fingertips, pain at night, decrease range of motion, tenderness pain and spasm major spurring in this neck c5 c6 collapsed; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt had kayak accident and her elbow was slammed on the ground and it jammed her neck and shoulder. neck tenderness w limited rom; This is a request for cervical spine MRI; Trauma or recent injury. The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She has had injections into the cervical spine and has had ongoing pain in the neck that radiates to her right shoulder; 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; 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; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	she was having troubles with her neck and difficulties using her arms; she describes falls from inability also subjective symptoms of cervical myelopathy/radiculopathy. complaints of clumsiness and falling. I think it is reasonable to obtain an MRI of h; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a main complaint is axial neck pain and back pain. Minimal radiation. Although him today from likely will offer him surgical intervention. However, were going to obtain an MRI of the neck and low back to make sure there is no spinal c; This study is being ordered for a neurological disorder; 2009; There has been treatment or conservative therapy; numbness, tingling, and weakness in Bilateral Upper Extremities; Physical Therapy, Injections, Medications, Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; There has not been a physical exam; The patient did not have an amylase or lipase lab test; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient did not have an amylase or lipase lab test; Yes this is a request for a Diagnostic CT	21
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; It is not known if a urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; It is not known if 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; It is not known if a urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient had an amylase lab test; The results of the lab test were unknown; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is infection; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase; It is not known if this study is being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient has Diverticulitis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is known tumor; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	5
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; I have told him that I think his symptoms are coming from his cervical spondylosis and probably include a radiculopathy.	1
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Fracture was seen on X-ray, wedge compression T11-12; Patient is in brace Physical therapy is contraindicated at this time; This study is being ordered for trauma or injury; 7/16/2018; There has been treatment or conservative therapy; low back and thoracic pain after slip and fall injury on 7/16/18. stepped on water with flip flops on; Patient in severe pain, can't stoop, hard to walk; tenderness to palpation along lumbar/thoracic spine up to T10.; change in activity level; ice; heat; rest; muscle relaxers; xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Incapacitating pain, weakness, tingling 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.; 4/1/2018; There has been treatment or conservative therapy.; Incapacitating severe pain in the upper and lower back, right arm, bilateral gluteal area, right leg and right hand. Symptoms include bladder incontinence, decreased mobility, disequilibrium, gait disturbance, hand clumsiness, numbness, spasms, tingling ; Medication, 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
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient is in severe pain and its affecting quality of life. Patient would like this MRI of thoracic and lumbar as soon as possible.; This study is being ordered for a neurological disorder.; around February 1, 2018; There has been treatment or conservative therapy.; low back and mid back pain constant pain when standing, sitting, bending, squatting, walking...anything he does  Pain keeps him awake at night radiculopathy down right lower extremity with  numbness of foot.; change in activity level bracing physical therapy home exercise program NSAIDS pain medicine oral steroids muscle relaxers xrays taking were non diagnostic. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 1 year ago; It is not known if there has been any treatment or conservative therapy.; Weakness Swelling Chronic 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Nov 13 2012; 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	2
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; weakness on right lower extremity on exam. Decreased ROM and increase in pain with straight leg raise. Patient has tried epidural steroid injections, physical therapy, NSAIDS, home exercise program and narcotics, and muscle relaxants. She continues to ; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 06/02/2018.; There has not been any treatment or conservative therapy.; He presents with pain and numbness on the right and left side equally. He states that the symptoms have been acute traumatic and began on 06/02/2018.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 07/11/2018; It is not known if there has been any treatment or conservative therapy.; This is a 42-year-old female who presents with spine pain  She has a chronic history of mid and low back pain. She was diagnosed with scoliosis at the age of 12, at a school screening. She did not have any type of scoliosis evaluation until the age of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/4/18; There has been treatment or conservative therapy.; Severe throbbing pain. Positive for numbness and tingling in the extremities. Painful and limited range of motion. History of fusion at L5-S1; Anti inflammatory medication, Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 3 months; There has been treatment or conservative therapy.; Buckling when standing, pain down leg, walking with a cane, limp, tenderness, positive straight leg raising test, limited range of motion Severe pain with range of motion, avascular necrosis of right hip; x ray 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/16/2018; There has been treatment or conservative therapy.; low back and thoracic pain after slip and fall injury on 7/16/18. stepped on water with flip flops on.   Patient in severe pain, can't stoop, hard to walk,  tenderness to palpation along lumbar/thoracic spine up to T10.; change in activity level ice heat  rest brace muscle relaxers xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Fracture was seen on X-ray, wedge compression T11-12. Patient is in brace Physical therapy is contraindicated at this time; This study is being ordered for trauma or injury.; 7/16/2018; There has been treatment or conservative therapy.; low back and thoracic pain after slip and fall injury on 7/16/18. stepped on water with flip flops on.   Patient in severe pain, can't stoop, hard to walk,  tenderness to palpation along lumbar/thoracic spine up to T10.; change in activity level ice heat  rest brace muscle relaxers xrays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	cancer recurring in low back and R hip; This study is being ordered for a neurological disorder.; 8/14/2018; There has been treatment or conservative therapy.; neurologic involvement in the lower extremities, radicular pain in R hip; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Incapacitating pain, weakness, tingling 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.; 4/1/2018; There has been treatment or conservative therapy.; Incapacitating severe pain in the upper and lower back, right arm, bilateral gluteal area, right leg and right hand. Symptoms include bladder incontinence, decreased mobility, disequilibrium, gait disturbance, hand clumsiness, numbness, spasms, tingling ; Medication, 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is diffuse in his hip from right buttock to lateral, pretty much a C sign. Bending and lifting make it worse. Sometimes it feels numb and tingly around the hip, but he specifically denies symptoms radiating distal to that area. Two views of the 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	na; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has chronic low back pain which has become severe. It radiates to his extremities with numbness and tingling. Patient has been on medications, physical therapy and narcotics with no relief. X-ray done on 8/22/18 shows multilevel degenerative ch, The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had increased lower back pain since MVA 1 month ago. No relief from home exercises, rest, anti-inflammatories, or activity modification. X-ray order and obtained today in clinic. Received and interpreted by Dr. Ylanan shows moderate facet art; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	18
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	9
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe low back pain. The pain radiates to the lower extremities. symptoms are aggravated by bending, lifting, rolling over in bed, lying/resting, standing, twisting and walking. X-rays show mild narrowing of the disc space at L4-L5 and L5-S1; 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is status post total knee replacement, recent history of rheumatoid arthritis, patient is falling and recently fractured her coccyx, falling episodes and unsteady.; 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 not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT: Brandy Bridges; MED REC NUM: 00000331203; DATE OF BIRTH: 03/20/1976; AGE: 42 Years; DATE OF VISIT: 08/10/2018 9:00 AM; Initial Evaluation; History; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and weakness on right leg. Aching burning piercing and sharp. Getting worse.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She has right lateral hip pain with negative examination but history of pain is greater troch and left hip is basically low back pain.; We will get MRI of the lumbar spine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had two falls.; The patient does not have new signs or symptoms of 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Sprain of sacroiliac joint, subsequent encounter. Since oral medication and therapy have not helped have recommended a MRI for further evaluation An MRI of the Lumbar Spine  pelvis was ordered. The patient is to return when the result of MRI is availabi; This study is 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.; She describes the symptoms as sharp, dull, stabbing, throbbing, aching, burning and shooting.; A course of physical therapy was recommended. A Medrol Dosepak was prescribed; side effects were discussed and appropriate instructions were provided. Naproxen 500 mg tablets were prescribed: side effects were discussed and appropriate instructions were p; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a main complaint is axial neck pain and back pain. Minimal radiation. Although him today from likely will offer him surgical intervention.  However, were going to obtain an MRI of the neck and low back to make sure there is no spinal c; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; numbness, tingling, and weakness in Bilateral Upper Extremities; Physical Therapy, Injections, Medications, Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; Sharp frequent pain, severity 8/10, when walks for more than 20 mins it hurts really bad, numbness, chiropractic treatment for 2 months. Tenderness of the S1 joint, oberst test positive, Tylenol for pain, ice nsaid, naproxen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for closed fracture; 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	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	CT scan medically necessary to follow the pelvic fracture and evaluate the spinal 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.; 6/1/18; There has been treatment or conservative therapy.; Severe pain in the lower back with weakness and tingling in the extremities. Screw in sacroiliac joint which has migrated posteriorly and disappeared.; Non steroidal anti inflammatory medications. 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	36 yo female with persistent left sided lower back and pubic symphysis pain since her last pregnancy. She reports having a full set of x-rays done recently at an outside orthopedic clinic and will bring them to her next appointment, as she did not want rep; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI of the SI joints with and without contrast to rule out psoriatic arthritis.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Sprain of sacroiliac joint, subsequent encounter. Since oral medication and therapy have not helped have recommended a MRI for further evaluation An MRI of the Lumbar Spine  pelvis was ordered. The patient is to return when the result of MRI is availabi; This study is 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.; She describes the symptoms as sharp, dull, stabbing, throbbing, aching, burning and shooting.; A course of physical therapy was recommended. A Medrol Dosepak was prescribed; side effects were discussed and appropriate instructions were provided. Naproxen 500 mg tablets were prescribed: side effects were discussed and appropriate instructions were p; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	73200 Computed tomography, upper extremity; without contrast material	1
Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	73200 Computed tomography, upper extremity; without contrast material	1
Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; The study is not requested for shoulder pain.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRIs of the right hand and wrist with and without contrast evaluate the postsurgical changes as well as the symptoms of the swelling to the wrist and hand.; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 8/1/2017; There has been treatment or conservative therapy.; Pain and discomfort and she can't sleep at night. She can't use her hands due to pain.; NSAIDs, analgesics and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD SEVERAL SHOULDER INJURIES AND PROBLEMS. HE REINJURED SHOULDERS IN MAY, POSSIBLY REQUIRING ANOTHER SURGERY. HAS HAD EXHAUSTIVE CONSERVATIVE MEASURES.; This study is being ordered for trauma or injury.; MAY 2018, WAS PITCHING BASEBALL, PATIENT ALSO HAS SEVERAL OTHER ISSUES WITH BOTH SHOULDERS.; There has been treatment or conservative therapy.; SHOULDER PAIN, FELT POPPING, SAME SYMPTOMS AS BEFORE AND HAS HAD NUMEROUS SHOULDER ISSUES; PATIENT HAD PHYSICAL THERAPY FROM PREVIOUS THERAPY, ALONG WITH CHANGE IN ACTIVITY AND HOME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 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.	1
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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.; 5/3/2018; There has been treatment or conservative therapy.; Burning, Sharp pain, Swelling.; PT, Bracing, 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
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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.; 7/3/18; There has not been any treatment or conservative therapy.; Right hip, ankle, and foot pain from motorcycle wreck.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	severe disabling pain in bilateral feet; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/31/18; There has been treatment or conservative therapy.; Pain, stiffness. Not able to stand on them, almost disabling; Medication, therapy, steroid injection and surgery on the R 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	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	11
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneymys or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	5
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(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.; 07/15/2018; There has not been any treatment or conservative therapy.; RUQ pain, RUQ swelling, nausea, loss of appetite, weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		ongoing RLQ pain lasting for 6 weeks.; This study is being ordered for trauma or injury.; Pt presented in clinic on 7/9/2018 with severe RLQ pain for the past 6 weeks. He has had a CT abdomen pelvis to r/o appendicitis, that scan was negative.; There has been treatment or conservative therapy.; RLQ pain for the last 6 weeks after playing sports.; He was treated with pain medication, rest, NSAIDs and a 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
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.; This is a request for bilateral foot MRI.; pt for evaluation foot pain; 4wk w/boot v bones in both feet	2
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; 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
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Acute injury suspicious for ACL tear. Inability to weight bear. Swelling. Feelings of instability. Positive Lachman's test. Anterior drawer laxity. Positive McMurray's; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	12

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	2
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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. Lateral/posterior right hip pain that occasional radiates into the groin occurring after rigorous activity level is most likely due to overuse and irritation of the soft tissue around the right hip. She is status post bilateral total hip arthroplasties; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/25/2018; There has been treatment or conservative therapy.; pain in both hips, elevated chromium and cobalt levels; physical therapy, 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	1
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are not physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;" "There are no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis.;" "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.;" Pt suffers with Pancreatic cysts	2
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.; &t; Enter answer here - or Type In Unknown if No Info Given. &t;	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; &t; Enter answer here - or Type In Unknown if No Info Given. &t;	1
Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	3
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		&t; Enter answer here - or Type In Unknown if No Info Given. &t; 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 known if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		&t; Enter answer here - or Type In Unknown if No Info Given. &t; 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
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		48% lifetime risk.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There 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
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Masses in left breast that are not consistent with the ultrasound performed, but they are there on physical exam; 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
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has difficulty getting out of chair putting on shoes and socks. Currently taking anti-inflammatory, previously evaluated by his PCP with no previous surgeries on the hip. Pain has been occurring for years and gradually getting worse. X-ray has be; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Severly impaired walking and moving; This study is being ordered for a neurological disorder.; 6/26/18; There has been treatment or conservative therapy.; R lower back pain and hip pain. significantly impaired walking or moving; Non steroidal anti-inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Orthopedics	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	persistent abdominal dissection; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, , Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, , Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Osteopath	Approval	74150 Computed tomography, abdomen; without contrast material		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
Osteopath	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 9/9/18; There has been treatment or conservative therapy.; fever of unknown origin, shortness of breathe, abdominal pain; medications, changed diet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Osteopath	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Osteopath	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; THORACIC SPINAL PAIN / WEAKNESS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Restaging for lung 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
Other	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Other	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.	1
Other	Approval	71250 Computed tomography, thorax; without contrast material		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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The pain is aching, dull, sharp and stabbing. Patient says, at its worse his pain is 10/10, at its least it is 6/10, on an average about 8/10, and right now it is 8/10. The pain is made worse by bending, changing position, lifting, standing a long 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.; The patient has been experiencing this pain for greater than 1 year. He reports onset of pain gradually over time without significant initiating factor.; There has been treatment or conservative therapy.; States he is experiencing an increase in low back pain and is limiting his quality of life and is experiencing increase in pain and notes pain progressing to nausea at times.He awaits insurance approval for imaging of neck and low back. States he is sev; Professional caregivers seen in the past include family physician and spine surgeon. The following tests have been done in the past: MRI scan or CT scan and X-rays . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Celebrex, Hydrocodone a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Pt suffers with a 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 genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Right bloody nipple discharge. Will check MRI of the area. for possible central duct excision.; 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
Surgery	Approval	77058 Magnetic resonance imaging, 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
Surgery	Approval	77058 Magnetic resonance imaging, 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.	10
Surgery	Approval	77058 Magnetic resonance imaging, 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.	3
Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		n/a; This study is being ordered for trauma or injury.; Will fax.; It is not known if there has been any treatment or conservative therapy.; n/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Computed tomography, abdomen; without contrast material		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
Other	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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 contacted radiologist and was informed the ct without contrast is the correct test needed for her increasing LLQ/RLQ 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
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (Fluoro-deoxyglucose)	1
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		< 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 debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.;" "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses.;" It is not known if patient has acute pancreatitis.	1
Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		< 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.	4
Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Abd CT shows pancreatitis; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.;" "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses.;" The patient has acute pancreatitis.; The patient had an abdominal ultrasound.; The abdominal ultrasound was not conclusive.	1
Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	3
Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 altered biliary tract anatomy that precludes ERCP.	2
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	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	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Petra Weber is an 58 y.o. female who presents for loose stools twice a day. Reports has lower abdominal cramping with relief after passing stool. Seen at CCC 8/7/18 and prescribed Levlin. Reports using and sx of cramping are better. Notes really started 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 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
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Other	Approval	G0297 LOW DOSE CT SCAN 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.	1
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents with dizziness and headaches. Associated symptoms include headache, nausea, rapid heart beat and vomiting. First episode started yesterday. She passed out twice. Incident started with a sudden severe headache, nausea, and cold sweats. Los; 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
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC ABDOMINAL PAIN, EGD: BARRETT'S ESOPHAGUS WITH GASTRITIS, KNOTS ACROSS HER UPPER ABD SOME LEAD TO SPASMS OF HER BACK, LEGS, NECK 'WHOLE BODY SHAKING'. HAS DIARRHEA AT TIMES, THEN CONSTIPATION, CHANGE IN COLOR AND SIZE OF STOOLS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; May 24,2018; There has been treatment or conservative therapy.; Neck and back pain. Pain with activity . Numbness and tingling in feet; Anti inflammatory medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 04/30/2018; There has been treatment or conservative therapy.; low back pain, neck pain; over counter 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
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 04/30/2018; There has been treatment or conservative therapy.; low back pain, neck pain; over counter 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
Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	MRI of the right wrist and forearm for evaluation of the swelling and pain on the volar aspect of the distal forearm.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/01/2018; There has been treatment or conservative therapy.; Patient complains of pain, numbness, tingling affecting the right upper extremity, particularly the thumb, index finger, long finger.  symptoms worsen the morning hours.; Injection, NSAID, splints, 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI of the right wrist and forearm for evaluation of the swelling and pain on the volar aspect of the distal forearm.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/01/2018; There has been treatment or conservative therapy.; Patient complains of pain, numbness, tingling affecting the right upper extremity, particularly the thumb, index finger, long finger.  symptoms worsen the morning hours.; Injection, NSAID, splints, 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRIs of his right wrist and elbow swelling to evaluate the pain and pathology and source of swelling and see what treatment options are available.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain, swelling; NSAIDs, HEP, PT 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
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Swelling and pain affecting her function and comfort; This study is being ordered for Inflammatory/ Infectious Disease.; 4 years ago; There has been treatment or conservative therapy.; Pain and swelling; Patient is allergic to NSAIDs. She has had 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
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	58 yo female presents to the clinic for a surgical evaluation of a primary rectal carcinoma. I have recommended resection and discussed the indications and benefits for resection as well as the risks and complications. Treatment options were discussed. Am; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC ABDOMINAL PAIN, EGD: BARRETT'S ESOPHAGUS WITH GASTRITIS, KNOTS ACROSS HER UPPER ABD SOME LEAD TO SPASMS OF HER BACK, LEGS, NECK 'WHOLE BODY SHAKING' HAS DIARRHEA AT TIMES, THEN CONSTIPATION, CHANGE IN COLOR AND SIZE OF STOOLS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	44-year-old female referred for abnormal mammogram. patient has a significant family history of breast cancer. This was a screening mammogram.. She denies breast mass, skin changes and nipple discharge. No prior abnormal mammograms or breast biopsies. ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72128 Computed tomography, thoracic spine; without contrast material	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, EBCT, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 08/03/2017; There has not been any treatment or conservative therapy.; Chronic 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
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Discussed order of both thoracic and lumbar imaging secondary to complaint of pain. Symptoms new and previously listed. Post procedure evaluation. MRI cervical spine is being requested to further evaluate the patients persistent pain as well as the more; This study is 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 complains of pain in lower back and in mid back. The patient has been experiencing this pain for more than 10 years. He reports onset of pain gradually over time without significant initiating factor . The patient describes his pain as constant; There has been treatment or conservative therapy.; Patient reports having pain in his low back with radiculopathy into his bilateral LES following a L4-5 dermatome distribution.  Offered LESI as previous injection has helped to reduce his pain up to a 50-60% reported relief which patient states she is r; Patients are educated about home exercise,such as core strengthening and weight loss as applicable at each visit.Patients are also monitored with and prescribed medication at each visit with pill count and UDS as necessary.   Professional caregivers ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Discussed order of both thoracic and lumbar imaging secondary to complaint of pain. Symptoms new and previously listed. Post procedure evaluation. MRI cervical spine is being requested to further evaluate the patients persistent pain as well as the more; This study is 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 complains of pain in lower back and in mid back. The patient has been experiencing this pain for more than 10 years. He reports onset of pain gradually over time without significant initiating factor . The patient describes his pain as constan; There has been treatment or conservative therapy.; Patient reports having pain in his low back with radiculopathy into his bilateral LEs following a L4-5 dermatome distribution.  Offered LESI as previous injection has helped to reduce his pain up to a 50-60% reported relief which patient states she is r; Patients are educated about home exercise,such as core strengthening and weight loss as applicable at each visit.Patients are also monitored with and prescribed medication at each visit with pill count and UDS as necessary.   Professional caregivers 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 Patient w/ continued RUQ pain after cholecystectomy - he thinks the pain is different that his gallstones. Differential includes: incomplete cholecystectomy; irritable bowel syndrome; adhesions; chronic pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Post op surgery and post kidney cancer.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	2
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	2
Surgery	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	The patient has a palpable abnormality. Given the patient's breast density, breast MRI is recommended for further assessment.; 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
Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; "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
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	3
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Mr Thompson, is a 55 y/o with RA, who was found to have some abnormalities on her Chest xray, that were clarified by the CT scan to be a) pericardial cyst and b) a 6.5 mm nodule in the left upper lobe not a 13mm nodule. While the 6.5 mm nodule still car; "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
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		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 Surgical Oncology	1
Surgical Oncology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3
Surgical Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	1
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Surgical Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		Dr. Miller discussed results with the patient and will get a CT of the brain for further testing on the 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
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		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.; 2 years ago; There has not been any treatment or conservative therapy.; Dry Cough, constantly clearing his throat. Possible Post op complications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		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 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	36
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material			6
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		< 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 Computed tomography, maxillofacial area; without contrast material		< 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	7
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area, without contrast material		< 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 Computed tomography, maxillofacial area; without contrast material		; This study is 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 weeks; There has been treatment or conservative therapy.; Chronic maxillary and ethmoid sinusitis with left facial pressure persistent dull left periorbital headache he rates a 6/10 at times he has a deviated septum and has snoring at night; Flonase and Allegra D for awhile without improvement pt was Prescribed Augmentin x 10 days without improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Constitutional: Negative.  HENT: Positive for congestion, postnasal drip, rhinorrhea, sinus pain and sinus pressure.  Eyes: Negative.  Respiratory: Negative.  Cardiovascular: Negative.  Endocrine: Negative.  Musculoskeletal: Negative.  Skin; This study is 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 1 year before visit on July 24, 2018; There has been treatment or conservative therapy.; 5-6 sinus infections in the last year   Constitutional: Negative.  HENT: Positive for congestion, postnasal drip, rhinorrhea, sinus pain and sinus pressure.  Eyes: Negative.  Respiratory: Negative.  Cardiovascular: Negative.  Endocrine: Negati; been treated with Levaquin, Prednisone and Flonase; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		hx of sinus perforation w continued sinus problems. hx of sinus surgery. sinus pressure + cough.; 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 Computed tomography, maxillofacial area; without contrast material		MASSIVE polyps in nasal area.; 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 less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Patient has been on continuous medical therapy with allergy medicine and occasional antibiotics for the last several months.; 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
Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.; Known Tumor	1
Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	7
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1
Surgical Oncology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; 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.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; There are benign lesions in the breast associated with an increased cancer risk.	1
Surgical Oncology	Approval	77058 Magnetic resonance imaging, 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).	6
Surgical Oncology	Approval	77058 Magnetic resonance imaging, 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.	6
Surgical Oncology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 Surgical Oncology	1
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 study is being requested for another solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 recurrence of cancer or a rising CEA.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN 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
Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; One of 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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Aortic valve replacement; 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
Thoracic Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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
Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; One of 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	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	1
Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Thoracic Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Thoracic Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; 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
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		concussion like symptoms associated with a MVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	2
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		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.	2
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		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
Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		<it; Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; <it; Enter date of initial onset here - or Type in Unknown If No Info Given >; There has been treatment or conservative therapy.; Eye swelling, loss of sight and pain; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<it; 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

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immunocompromised.; 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	2
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	3
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		< 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Jonathan Hernandez is a 19 y.o. male with right cheek lesions that was not present at birth, and has not been treated in the past.First noticed as a baby as a discolored location of his right cheek that was superficial. At 16 he started noticing an increase; 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 NOT 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
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		unknown; This study is being ordered for Vascular Disease.; 7/2/2018; There has not been any treatment or conservative therapy.; headache for one month visual blind spot blurred vision change in vision seeing halos; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type in Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Complains of a HA daily; She has also been having visual disturbance where it feels like she is going to lose her site for about 20 minutes and then it will return. She has seen the Ophthalmologist, Dr. Holt for this and he did not see any abnormality Pos; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		electrical shock sensation when looking down and heat intolerance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Hearing 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 medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Need to look at entire cranial nerve VII course, from where it exits the skull base, through the mastoid bone, into the parotid, and out into her face. I want to make sure that she does not have a slowly growing mass/tumor somewhere along the nerve that I; This request is for a Brain MRI; The study is 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has experienced episodes of right side body numbness (right upper and lower extremities along with numbness of right side of face) Patient had dizziness and ataxia with each episode.   Labs were drawn today 8/29/18 but have not resulted.; This request is for a Brain MRI; The study is 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

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RE-STAGING LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		REVIEW MS; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; MULTIPLE SCLEROSIS, PAIN, GAIT ISSUES, HEADACHES, INCONTINENCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		SMALL CELL LUNG CANCER  LAST PET REVEALED HYPERMETABOLIC; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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).	3
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This 65-year-old began having left frontal headaches about 6 weeks ago as well as drainage that had an odor. The pain was in the left frontal region and he has been on a round of Augmentin and Bactrim DS. A CT scan of the head revealed an opacified left f; 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 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	7
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	10
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	66
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	6
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	8
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		treated with antibiotics 4 times; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Evaluation of progress, patient is currently on treatment, Metastatic disease present, Prior to surgery, Patient has small cell cancer in lung, On cycle 4 of chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Limited evaluation due to respiratory motion artifact. 2. Extensive pulmonary emphysematous changes. 3. Bilateral bronchial thickening. Bilateral scarring greatest in the lung apices. 4. Sequela from old granulomatous infection. Bilateral noncalcified; 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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinical information; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Will FAX; 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	70490 Computed tomography, soft tissue neck; without contrast material			6
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< 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 than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< 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
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		flexible exam reveals an exophytic mass of the right lateral pharyngeal wall, there is a nodularity of the right TVC as well concerning for laryngeal tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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.; 2 years ago; There has not been any treatment or conservative therapy.; Dry Cough, constantly clearing his throat. Possible Post op complications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material		surgical consultation for adenocarcinoma of right palate.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material		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.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		RE-STAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Sharon K Henderson is a 58 y.o. Caucasian female who comes in for evaluation for open lung biopsy and possible resection. He was referred by Kevin Meredith, MD-Patient with enlarging RLL nodule and has h/o melanoma. This was positive on PET CT. We attempt; "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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		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

Unknown	Approval	71250 Computed tomography, thorax; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/15/2018; It is not known if there has been any treatment or conservative therapy.; 64 y.o.male here for follow-up. He continues to have swelling of the left side of his neck. He states that this is painful for him. When he begins to eat or put anything in his mouth he will feel a pulling sensation to his left neck and it will tighten up; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material	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	3
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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 unknown if this is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	2
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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.; 5/19/2018; There has not been any treatment or conservative therapy.; fullness of lower neck, spate from thyroid gland, family history thymoa; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.  Assessment Nontractable headache, unspecified chronicity pattern, unspecified headache type (R51).  Impression MRI showed no sinus diseases. Exam and history not c/w vestibular cause.  Patient Plan I think this is probably an atypical migrai; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2017; There has been treatment or conservative therapy.; She describes episodes of vertigo, cold sweats and nausea since December 2017. Dizziness is described as extreme listening the nausea and vomiting. It often last an entire day but sometimes longer. Her most frequent up recent episode yesterday.; She has been assessed with an MRI and reports that this was normal. Vertigo improved by lying still. She also feels sensation of fullness when this occurs and headache. Meclizine does not help. She often wakes up with these headaches. She denies nasa; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"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	2
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	6
Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	< 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
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	concussion like symptoms associated with a MVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	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 exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2
Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	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
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	3
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	6
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; Birth; There has not been any treatment or conservative therapy.; cervical anomaly.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; This study is being ordered for Vascular Disease.; vascular malformation; It is not known if there has been any treatment or conservative therapy.; hemangioma, left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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 infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.); The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.; It is unknown why this study is being ordered.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; 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.	3
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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 REFLEX IN L TRICEP AND BRACHIORADIALIS	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Pt says pain interferes with daily living.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/25/2018; There has been treatment or conservative therapy.; Pt has penetrating, sharp stabbing pain which radiates to ext.; Pt has had steroid injections and medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Patient is experiencing pain and numbness radiating from neck and shoulder down the entire 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for Vascular Disease.; vascular malformation; It is not known if there has been any treatment or conservative therapy.; hemangioma, left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Amber is a 33-year-old lady here with her mother today for about a 2-year history of dizziness. She describes constant dizziness, tinnitus in her ear. Right ear is worse than the left, but occasionally has tinnitus in the left ear. Vertigo symptoms. U; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		evaluation of vertigo or dizziness had a significant onset of spinning and vertigo with nausea or vomiting that, she developed bilateral tinnitus, but much more so on the left side than the right side, described as a constant high-pitched ring. It is wor; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient reports having recurrent, monthly pressure and pain in right ear and feeling of heat around ear and right side of face. Her pain is deeper in ear. She also has swelling to right side of face. Patient denies any swelling with eating. She cannot pop; This study is 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 asymmetrical Sensorineural hearing loss on left with right tinnitus and right otalgia Patient reports having recurrent, monthly pressure and pain in right ear and feeling of heat around ear and right side of face Her pain is deeper in ear. She also has swelling to right side of face. Patient denies any swelling with eating. She cannot pop; Allergic rhinitis-prescribed Flonase to use in conjunction with Zyrtec D; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Vehicle traveling 65 mph crossed embankment and flipped car 3 times; This study is being ordered for trauma or injury.; 1 week ago; There has been treatment or conservative therapy.; lumbar and cervical pain with radiculopathy.; Chiropractor, old prescription of percocet, ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4/2018; There has been treatment or conservative therapy.; neuro deficits; PT and medication and heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; Birth; There has not been any treatment or conservative therapy.; cervical anomaly.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Clonus and spasticity of lower extremities; This study is being ordered for a neurological disorder.; 10 years; There has been treatment or conservative therapy.; Pain that is achy and electric. Gait problems; Injections as well as pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		distal left leg weakness w numbness and tingling, gait abnormality, numbness around his right shoulder w radicular pain that radiates distally down the right arm.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; distal left leg weakness w numbness and tingling, gait abnormality, numbness around his right shoulder w radicular pain that radiates distally down the right arm. Balance concerns. Neck pain; Aleve, Ibuprofen, Tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		electrical shock sensation when looking down and heat intolerance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		restaging after chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		REVIEW MS; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; MULTIPLE SCLEROSIS, PAIN, GAIT ISSUES, HEADACHES, INCONTINENCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Unknown; This study is being ordered for a neurological disorder.; 7/10/18; There has been treatment or conservative therapy.; pain and Numbness to bilat arms and hands pain when standing pain lifting right leg and stepping pain with walking for extended periods of time pain when turning head from side to side pain that begins in neck and refers to bilat arms and hands pain; multiple OTC meds, rest, muscle relaxers, pain meds, therapy with 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		< 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study 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 radiates to lower legs and numbness to right leg. Numbness starts in right hip and radiates to toes.; 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		distal left leg weakness w numbness and tingling, gait abnormality, numbness around his right shoulder w radicular pain that radiates distally down the right arm.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; distal left leg weakness w numbness and tingling, gait abnormality, numbness around his right shoulder w radicular pain that radiates distally down the right arm. Balance concerns. Neck pain; Aleve, Ibuprofen, Tramadol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI needed for neurosurgery eval.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited range of motion; 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Please set up for low back pain, treated both here and in ER. MLA APRN; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		REVIEW MS; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; MULTIPLE SCLEROSIS, PAIN, GAIT ISSUES, HEADACHES, INCONTINENCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; The patient has completed 6 weeks or more of Chiropractic care.;	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 an Epidural.	5
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		Possible lymph node involvement...upon last scan the lymph node had decreased. This scan is ordered to determine if lymph node is continuing to decrease.; 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
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given. >; 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
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		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 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pt has pain x 1 year. Pt has had PT.; 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
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		RECHECK FOR Primary angiosarcoma of right upper extremity  DIAGNOSIS: Sarcoma of right arm.   PROCEDURE: Open biopsy September 26, 2016 followed by open reduction  internal fixation of pathologic fracture on October 10, 2016, followed by  resec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	74
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	2
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This patient is also complaining of dizziness and tinnitus.; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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.	3
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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. >	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	7
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	7
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; 9.8.18 pt fell from tree when installing a deer stand.	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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 had a recent bone scan.; The bone scan was normal.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	5
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.; 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
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		history of bells palsy, look for sores of the paralysis, weak voice; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		History of squamous cell carcinoma to the right tonsil and neck. 2.5 cm left level lB mass, firm.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		MONITOR NECK MASS.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		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.; 2 years ago. There has not been any treatment or conservative therapy.; Dry Cough, constantly clearing his throat. Possible Post op complications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1

Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; several weeks; There has been treatment or conservative therapy.; Chronic maxillary and ethmoid sinusitis with left facial pressure; persistent dull left periorbital headache he rates a 6/10 at; times he has a deviated septum and has snoring at night; Flonase and Allegra D for awhile without improvement; pt was Prescribed Augmentin x 10 days without improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		; 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	2
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< 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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Patient injured left foot while playing football. He has acute pain in the foot and is unable to bear weight. On exam, he has swelling and ecchymosis through the midfoot. He is very tender from midfoot to the sole of the foot. Possible ligamentous injury.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; Suspicious Mass or Suspected Tumor/ Metastasis	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	16
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	20 yo male referred for ear and neck pain. He has a long history of otalgia. It is bilateral and he points to his neck/intra auricular area for the pain. He has been diagnosed with ear infections and TMJ. Last ear infection was 3 weeks ago. He reports occ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary		1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	About 4 years ago just prior to first visit in our office he had some hearing loss. At that time he was out of the country and become sick. Once he got back into the United States he got better and his hearing improved but has never went back to his normal; 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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	he might need sinus surgery; 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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	She describes the symptoms as fluid in ears, chronic cough, aspirating while sleeping, bilateral trismus, decreased hearing in rt ear, occasional dizziness (off-balanced), headaches (frontal sinuses), runny nose, post nasal drainage, clears throat often. ; 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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	13
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	3
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; Immobilization	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Patient has chronic right hip pain due to Degenerative joint disease of right hip; This study is 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; It is not known if there has been any treatment or conservative therapy.; Patient has chronic right hip pain due to Degenerative Joint Disease of Right Hip.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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

Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		liver enzymes are 1.6 which is high.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		Patient presents for evaluation of fatigue, bloating and GERD. He is concerned about possible gastric antral vascular ectasia. Patient expresses concern of constant bloating and gas. His tenderness at the epigastrium. He has had an EGD that Barrett's.; 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
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		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 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 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		& 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 &; Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &; Enter date of initial onset here - or Type In Unknown If No Info Given &; It is not known if there has been any treatment or conservative therapy.; &; Describe primary symptoms here - or Type In Unknown If No Info Given &; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		difficulty with urination The problem has been unchanged. The pain is located in the LLQ and RLQ. The quality of the pain is aching, colicky and cramping. Associated symptoms include belching, flatus and headaches. Pertinent negatives include no constipat; This is a request for an abdomen-pelvis CT combination.; This study is being 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 Computed tomography, abdomen and pelvis; without contrast material		kidney stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient has solitary kidney and a ureteroceles and is experiencing obstruction. He has a history of 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient with symptoms of recurrent diverticulitis. CT needed to evaluate; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 Computed tomography, abdomen and pelvis; without contrast material		Please refer for frequent wounds to the umbilicus, pain with these wounds. US was negative; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	5
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	44
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	20 yo male referred for ear and neck pain. He has a long history of otalgia. It is bilateral and he points to his neck/infra auricular area for the pain. He has been diagnosed with ear infections and TMJ. Last ear infection was 3 weeks ago. He reports occ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The patient is a 42 year old female who has had variable headaches for about 4 months lasting up to half a day and can be severe. She has pain in bilateral ethmoid and frontal area. She has had some visual changes with headaches. Denies rhinorrhea or po; 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 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Otolaryngology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 results are unknown.; 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
Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Melanoma.; It is unknown if this is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pediatric Hematology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		32 month off treatment, evaluation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatric Hematology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		32 month off treatment, evaluation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		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
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		severe RUQ abdominal pain/flank pain that radiates around to back X1wk w/ nausea, does not have a gallbladder. there is tenderness and guarding and rigidity and CVA Tenderness with a positive murphys sign; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		suspected pancreatitis, LLQ pain, nausea, 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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	5
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if 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
Pediatrics	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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	1
Pediatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Pediatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			3
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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.; 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The study is requested for pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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 been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	2
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Neurofibromatosis, type 1; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1

				Patient has an increased head circumference and he has gross developmental delays; This request is for a Brain MRI; The study is 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		reoccurring headache yesterday 9/16/18 left hand numbness, facial droop, slugged speak; 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Seizures new or progressive.   Graelynn J Billingsley is a 5 month old female, previously healthy, who presented with complex febrile seizure. Septic workup completed on presentation given age and presentation of multiple seizure activity, all NGTD. Cont; 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		SHORT STATURE; This request is for a Brain MRI; The study is 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	2
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		; 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.; It is unknown if there is suspicion of metastasis.	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		patient was seen in the ER for this issue. She has lost about 13 pounds in the past month and has been having severe abdominal pain.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Gastrointestinal hemorrhage associated with acute gastritis, PRE SURGERY PLANNING, MRI ENTEROGRAPHY	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days.	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		 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
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		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
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.; <Additional Clinical Information>	1
Unknown	Approval	77058 Magnetic resonance imaging, 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.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		<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
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The diagnosis was established by a previous myocardial infarction; The patient has not had a stress echocardiogram within the past eight weeks.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for Suspected Coronary Artery Disease (CAD); The patient has not had a stress echocardiogram within the past eight weeks.	3
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Pediatrics	Approval	72128 Computed tomography, thoracic spine; without contrast material		; This study is being ordered for a neurological disorder.; 05/2018; There has been treatment or conservative therapy.; seizures, lower extremity numbness, reflex decreased, myoclonus; blood work, labs, vitamins, drinking more fluids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Imaging needed for visit w/ neurosurgeon; This study is being ordered for Inflammatory/ Infectious Disease.; June 2015; There has been treatment or conservative therapy.; Pain, stiffness; Pt, humara; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/1/2018; There has not been any treatment or conservative therapy.; pain when walks and laying down, pain with motion, decrease rang 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	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.; acute osteomyelitis unspecified site; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Dylan Michael Ussery is a 13 y.o. male who presents today with the new complaint of mid back pain, right knee pain, and being unable to point his right great toe. These problems have been present for about 2 months with no history of injury. He swims 4x/w; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		ICD-10; 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

Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is a Medicare member.	1
Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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
Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		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.;	1
Unknown	Approval	78813 Positron emission tomography (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 another solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		restaging scans/ Malignant melanoma of right lower limb, including hip; 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
Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 6/2/2018; There has not been any treatment or conservative therapy.; Abdominal pain, fever, weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)		The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; The patient has had 3 or fewer follow-up shoulder MRIs.; 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.	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Knee pain, xray neg / effusion; 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
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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; Pain greater than 3 days	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; Physical Therapy	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Pediatrics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity, without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1
Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material		Palpable, tender mass in LUQ, concern for 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 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
Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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

Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Diamond Black Fan Anemia on chronic transfusions	1
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		; This study is 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.; HYPERTROPHIC CARDIOMYOPATHY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Cardiac Valves; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Pulmonary Hypertension.	7
Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	5
Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
Unknown	Approval	G0297 LOW DOSE CT SCAN 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.	1
Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		access pancreatic function, acute recurrent pancreatitis, candidate for pancrectomy; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 evaluation.	1
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Reed is seen during routine dialysis rounds. He continues to complain of a tremor. This has been going on for over 1 year with PCP unable to find cause. He has had no imaging. He has ESRD. His electrolytes are well maintained. He is not uremic.; 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
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	2
Pediatrics	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	1
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has an Abnormality of the skull bones (craniosynostosis); Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1
Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 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

Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	70450 Computed tomography, head or brain, without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Unknown	Disapproval	70450 Computed tomography, head or brain, without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	She describes the symptoms as stopped up right ear, cough, headaches, stopped up nose, pressure behind eyes, fb stuck in throat.  She has had the following previous treatments for this problem: Pt has 4-5 sinus infections per year. She has taken zithroma; 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
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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.; He has a five-year history of chronic cough. It is not spasmodic. This bothers him every day and every night. He coughs thick mucus from his pharynx. It seems to be at its very worse when he lies down at night. He does not have associated hoarseness. He h; There has been treatment or conservative therapy.; He has a five-year history of chronic cough. It is not spasmodic. This bothers him every day and every night. He coughs thick mucus from his pharynx. It seems to be at its very worse when he lies down at night. He has chronic nasal congestion and intermi; Pt has been treated with multiple antibiotics, and takes daily metronidazole, which covers many sinus infections, for his bowel, also.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material	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
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Left facial twitching: This sounds like she has idiopathic left facial spasm. However, she has some visual weakness/drooping of the left upper lip/cheek area at rest. I am going to do a CT scan of her entire cranial nerve VII course, from where it exits t; This study is being ordered for a neurological disorder.; 2 years ago; It is not known if there has been any treatment or conservative therapy.; Two year history of intermittent spontaneous twitching and spasms on the left side of her face. This occurs in the area beneath her left eye and her upper lip. It can last for a few minutes or a few hours. She tells me that it sometimes pulls the left sid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Pediatrics	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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)?; Check coronary location in regard to valve	1
Pediatrics	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging, whole body	Radiology Services Denied Not Medically Necessary	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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is 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
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; None of the above; Pt is coming in for wrist pain, nerve conduction study shows evidence of right carpal tunnel, and Pt can not tolerate anti inflammatory medication because of GI complications, Pt has upper extremity weakness.; 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.	1
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Unknown	Disapproval	70490 Computed tomography, soft tissue neck, without contrast material	Radiology Services Denied Not Medically Necessary	Neck Mass/Pain Reported by patient. Location: neck mass left anterior; neck pain  Onset/Timing: initially started 1years ago  Quality: Pt said the pain is worsening  Duration: now present for 1.5 years; continuous  Environmental Risk Factors: curren; 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
Unknown	Disapproval	70490 Computed tomography, soft tissue neck, without contrast material	Radiology Services Denied Not Medically Necessary	the patient comes in today to establish with me. She reports that she has a couple of things going on one in particular she hasn't not in her neck at the base of the neck on the right side it flares up and gets bigger and smaller and she wants to know wh. 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
Unknown	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	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
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Previous History of Brain cyst, last imaging 2 years ago, new onset of continuous headache that has lasted 4 days.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	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 request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 06/04/2018; It is not known if there has been any treatment or conservative therapy.; Patient with RLQ abdominal pain and has history of cervical cancer. Recent labs shows elevated creatine kinase and sedrate.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is not at age requirement for Free Lung Cancer Screening at this time and due to persistent symptoms Provider believes and CT Thorax is warranted.; 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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	restaging scans/ Malignant melanoma of right lower limb, including hip; 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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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 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
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	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 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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, 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 not x-ray evidence of a recent cervical spine fracture.	2
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Pt is dropping things frequently. Trouble opening and closing hands and closing jars.; 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had severe neck pain for several years has undergone several weeks of physical therapy along with medications, she is having pain and weakness radiation down left arm therapy and meds have not worked; 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; Weakness in both upper extremities. Numbness in neck, movement makes 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Chronic occipital headache with cervical radiculopathy c2 and c3; 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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	chronic pain not relieved by home exercises; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; no exact date, pain has been present for several years; There has been treatment or conservative therapy.; chronic low back pain and chronic thoracic back pain exacerbated by activity with recent fall; 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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient has c-spine and t-spine pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&It; Enter answer here - or Type in Unknown If No Info Given. &It; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type in Unknown If No Info Given &It; It is not known if there has been any treatment or conservative therapy.; &It; Describe primary symptoms here - or Type In Unknown If No Info Given &It; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; ; The patient does not have new signs or symptoms of 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic pain not relieved by home exercises; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; no exact date, pain has been present for several years; There has been treatment or conservative therapy.; chronic low back pain and chronic thoracic back pain exacerbated by activity with recent fall; 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Location of Pain lumbar and right hip.  Timing of Symptoms daily; recent hip surgery bilateral due to right hip dysplasia and left hip replacement; increased back pain ongoing since then; was unable to return to work, wanting to seek disability 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	multilevel DDD changes and broad-based bulging discs. Also mentions Schmorl's nodes to the lower L4. PT states his back pain is still unbearable; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	states having low back pain with radiculopathy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	1
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Stable renal function on today's visit. CKD is likely from PKD. I d/w pt treatment with Tolvaptan, he would like to think about this; if interested will refer to tertiary center. Will check baseline MRI to eval kidney volume.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Was diagnosed when he was in the second grade; There has been treatment or conservative therapy.; Polycystic kidney disease Q61.3 753.12  Chronic kidney disease, stage III (moderate) N18.3 585.3 Dyslipidemia E78.5 272.4 Secondary hyperparathyroidism of renal origin N25.81 588.81 Vitamin D deficiency, In the past he had an episode of AKI in December of 2015 with a creatinine of 2.5 after starting low-dose ACE inhibitor with lisinopril 5 mg. At the same time he had mildly elevated serum creatine kinase. Creatinine improved after discontinuation of ACE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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 is unable to rotate her arm without severe pain	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Pain getting worse in left knee.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has left foot pain, swelling. ; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 member has failed a 4 week course of conservative management in the past 3 months.	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Inconclusive x-ray results; This is a requests for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 06/04/2018; It is not known if there has been any treatment or conservative therapy.; Patient with RLQ abdominal pain and has history of cervical cancer. Recent labs shows elevated creatine kinase and sedrate.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	LUQ abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal weight gain, Hirsutism; 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	NEG ABDOMINAL ULTRASOUND; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had labs drawn today; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Reports nausea and vomiting since yesterday, possible fever yesterday. Vomited numerous times while at work, then sent home after six hours. Now complaining of pain lower back area around to the front. States has not eaten or drank anything 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 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS AFTER COMPLETION OF 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	SMALL CELL LUNG CANCER  LAST PET REVEALED HYPERMETABOLIC; 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	2
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	<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.	2
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	need to do a mpi because they are unable to walk on a treadmill due to oa. they do not have the bmi of the patient. the patient also has precordial pain, essential htn, mixed hyperlipidemia, tobacco abuse, and obesity (chronic) recommendations made for re; 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 known	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	2
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Normal sinus rhythm with isolated PVCs. No ST-T wave abnormalities suggestive of ischemia. Essential hypertension - Blood pressure is well controlled. Continue losartan and amlodipine. I10: Essential (primary) hypertension Dyspnea on exertion - Risk fa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/21/2018 THIS IS W HIS PCP. Patient presents today for a follow up for pain in bilateral legs and feet. He also reports shortness of breath at rest and with activity along with some dizziness. FIRST INITIAL VISIT W CARDIO IS 07/25/2018; There has been treatment or conservative therapy.; This is a 58-year-old male who was referred to us for evaluation of shortness of breath on exertion. Patient has been complaining of shortness of breath on walking. He cannot walk more than half a block without getting out of breath. Denies any chest p; LASIX FOR EDEMA,ABI was done today which was unremarkable.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Unknown	Disapproval	G0297 LOW DOSE CT SCAN 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.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material			1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	6
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Carcinoma of urinary bladder, invasive; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		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

Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Urology	Approval	71250 Computed tomography, thorax; without contrast material		pATIENT DIAGNOSED WITH INVASIVE RENAL CELL CARCINOMA, CLEAR CELL TYPE. NEPHRECTOMY PERFORMED 8/7/18. FOLLOW UP TO LOOK 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		PT HAD A (L) RADICAL ORCHIECTOMY ON 7-16-18. PATHOLOGY SHOWS MALIGNANT NEOPLASM TESTIS. CHECKING OF 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Pt. had abnormal Abd. Pelvis CT scan on 06/14/2018 showed lung lesion.; 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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Status post Left Partial Nephrectomy. 2/20/18 Results of Pathology are Renal cell carcinoma Furhman grade 2 Followup imaging requested; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		The patient has a history of renal cell carcinoma. On his last scan, a mass was seen on his pancreas. Scan is being done for routine surveillance and monitoring of pancreatic 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
Urology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Trauma or recent injury	1
Urology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	3
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		na; 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
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		POSSIBLE LEAK FROM PREVIOUS BLADDAR INFECTION; 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
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		SEVERE PROSTATITIS, POSSIBLE ABSCESS, PT HAD RECENT HOSPITAL VISIT, TREATED WITH ANTIBIOTICS FOR MRSA ALONG WITH QUESTIONABLE UTI., HAD URINE RETENTION AND HAD TO HAVE A CATHETER. DR. IS WORRIED HE MAY HAVE A 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 patient.;" This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		unknown; 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.; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; 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.	2
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Elevated PSA: 6.10 on 5/16/18; 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 tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient has had a benign prostate biopsy in 2017 but his PSA lab test keep rising. Would like to do this test to rule out a possibly of cancer before another biopsy is done.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		< 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 is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		ONCOCYTOMA OF KIDNEY; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		Status post Left Partial Nephrectomy. 2/20/18 Results of Pathology are Renal cell carcinoma Furhman grade 2 Followup imaging requested; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		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	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		As of January she had persistent UTI, Lower ABD pain, hematuria, urinary frequency; This is a request for an abdomen-pelvis CT combination.; This study is being 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	74176 Computed tomography, abdomen and pelvis; without contrast material		GROSS HEMATURIA AND FLANK PAIN; 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 normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		KIDNEY STONE AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		KIDNEY STONE AND HYDRONEPHROSIS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient came in for an appointment today with Flank pain and also on his urinalysis it was abnormal and showed gross hematuria. This patient has been seen several times with 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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient has acute prostatitis, epididymitis, painful erections; 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 Computed tomography, abdomen and pelvis; without contrast material		Pt has a history of kidney stones. He is having flank pain, nausea and vomiting, urinary retention and hesitancy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		R/O kidney stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RENAL CYST; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RUS IMPRESSION (8/10/18) - -Mild to moderate right hydronephrosis. 8 mm stone in the inferior pole.  -Scattered stones in the left kidney measuring up to 6 mm. No hydronephrosis.; This is a 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 Computed tomography, abdomen and pelvis; without contrast material		The patient has a history of renal cancer. He underwent a right nephrectomy in 2009. Now c/o slow stream, urgency, frequency and incontinence. Scan is being ordered for restaging 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a history of renal cell carcinoma. Scan is 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	26
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is 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	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	9
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; 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 Computed tomography, abdomen and pelvis; without contrast material		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 not 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.; Chronic low back pain and L lower and upper extremities pain; Physical therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Physical Medicine	Approval	77058 Magnetic resonance imaging, 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
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 not x-ray evidence of a recent cervical spine fracture.	1
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 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
Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		< 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 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
Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.	1
Plastic Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		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 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 not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		< Enter answer here - or Type in Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01/22/2018; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; Several surgery'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
Plastic Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Plastic Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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 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
Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	SEE ATTACHED; This is a request for cervical spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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	3
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			2

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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.; This is a request for bilateral foot MRI.; Mass on both feet	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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 bilateral foot MRI.; to evaluate plantar fascia, and achilles tendon bilaterally	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/13/2018; There has been treatment or conservative therapy.; acute pain in right ankle and heel, with no relief; steroid injection, inserts for shoes, Medrol dose pack; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Diabetic ulcer; This is a request for a foot MRI.; The study is being ordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Patient Plan Podiatric evaluation and history and physical. Discussion of patients presenting symptoms. Podiatry patient questionnaire reviewed and discussed with the patient. Treatment options discussed.  1. Differential diagnosis discussed. Pati; 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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		SEVERAL WEEKS OF TX FROM 03/2018 INJECTIONS PT ANTI-INFLAMMATORY HOME EXERCISES R/O LIGAMENT ISSUES; 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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 has a documented limitation of their range of motion.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	14

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	7
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	3
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	7
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 being ordered by the operating surgeon for pre-operative planning.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		will fax clinical; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.	1
Podiatry	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		Equivocal blood work and biopsy. Multiple organ involvement, but unable to determine type of vasculitis. It appears to be Polyarteritis Nodosa. Most other diagnoses have been excluded. She has failed oral steroid therapy. Wounds continue on the feet and I; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Podiatry	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		Equivocal blood work and biopsy. Multiple organ involvement, but unable to determine type of vasculitis. It appears to be Polyarteritis Nodosa. Most other diagnoses have been excluded. She has failed oral steroid therapy. Wounds continue on the feet and I; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had 6 weeks of conservative therapy, but longer than 6 weeks ago, Numbness, tingling down the legs, pain when walking, pain when pressure is applied.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; <Enter answer here OR type 'Unknown' if no info given.>	2

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; large toe chronic pain and inflammation.	2
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	2
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Judith R Taylor is a 58 y.o. female who had concerns including Foot Problem (Patient is here today for left heel pain. She had an internal x-ray taken on 06/20/18. She states it's progressively gotten worse over the past 2 years. She has tried everythi; This is a request for an Ankle MRI.; 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 study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; swelling, elevated pain, pain with palpitations.; steroid does pack.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Preventive Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Preventive Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Psychiatry	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Psychiatry	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt has a lung nodule they are wanting an MRI to see if is metastatic; This request is for a Brain MRI; The study is 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 not the first visit for this complaint.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	6
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	25
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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.;" It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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	11
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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	1

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		< 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	Approval	71250 Computed tomography, thorax; without contrast material		; 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	Approval	71250 Computed tomography, thorax; without contrast material		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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		CT calcium scoring done 08/10/2018 found:  Multiple pulmonary masses are seen which are highly suspicious for primary malignancy versus metastatic disease. Dedicated postcontrast chest CT is recommended for further characterization.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		FOLLOW UP CT CHEST  AT THE REQUEST OF:KYLE G HARDY, MD PATIENT NAME: DONNA R GABBARD DOB:02/23/1959 AGE/SEX:58/Female DATE OF SERVICE:09/13/2017 PATIENT ID#:1201523  PROCEDURE(S): CT LOW DOSE W/O   CT CHEST WITHOUT CONTRAST  INDICATION: HI; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Horner's syndrome and SOB.; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		lung 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		nodules.; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal bronchoscopy finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain; It is not known if the study is requested for hematuria; Yes this is a request for a Diagnostic CT	7
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 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 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	15
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	13
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAS DYSPNEA, WORSE ON EXERTION. FATIGUE, SOB WHILE LYING DOWN, THEN DIZZINESS WHEN STANDING, wheezing, expiratory, bilaterally, midlung fields; 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	Approval	71250 Computed tomography, thorax; without contrast material	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt has lymphadenopathy.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary microbial infection; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	SOB, cough in wheeze, sputum production; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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	3
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	x ray evidence of plural effusion, and antibiotics do not help; 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	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	15
Pulmonary Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material		1
Pulmonary Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	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
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Unknown	1
Pulmonary Medicine	Approval	76380 Computed tomography, limited or localized follow-up study	Abnormal PET Scan, needing biopsy for right upper lobe mass. R/O Cancer; Limited or Follow up other than Sinus CT; Lungs	1

Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body			2
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			3
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging. A nodule of less than 4 centimeters has been identified on recent imaging. This study is being ordered to evaluate a solitary pulmonary nodule.; This 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.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This study is being requested for Lung 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure.; This is for the initial evaluation of heart failure.	1
Pulmonary Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING			4
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		35 year smoking history, has COPD, cough, shortness of breath with exertion.; 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
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN 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.	1
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN 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.	7
Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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, EBCIT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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 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 Computed tomography, thorax; without contrast material	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
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	16
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	lung transplantation; This study is 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.; &t; Describe primary symptoms here - or Type In Unknown If No Info Given &t;.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is 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
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; Liver for Abnormal CT	1
Pulmonary Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	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.	1
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		Recurrent breast cancer, projectile vomiting, evaluate for metastasis info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of 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	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	3
Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Follow up scans requested for post radiation treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI brain performed every 3 months post radiation treatments.; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has pancreatic cancer and is complaining of headache and nausea for last week. MRI is to rule out brain metastasis.; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has several abnormalities as a result of metastatic rectal cancer with findings concerning brain metastases. The brain metastases has been monitored at this time.; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 been completed to determine tumor tissue type.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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 a tumor.	2
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		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
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	3
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Scans are requested for initial staging for outpatient radiation therapy for the treatment of uterine cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; Undergoing radiation therapy	1
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 2 exams are being ordered.; One of 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		< 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
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Endometrial carcinoma; 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
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		prostate ca; 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
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		pt. have prostate cancer for radiation planning; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	6
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		for a giant splenic aneurysm which is at risk for rupture.....; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		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 known prostate cancer with a PSA (Prostate-specific antigen) greater than 10.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Scans are requested for initial staging for outpatient radiation therapy for the treatment of uterine cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; One of 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	2
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Radiation Oncology	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			1

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a recurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	1
Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Radiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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
Radiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		F/u on previous procedure; 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
Radiology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		liver lesions; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.; It is not known if there are plain film or ultrasound evidence of vascular abnormality.; The patient does not have hypertension unresponsive to drug therapy.; hepatocellular carcinoma, please evaluate for liver lesions and/or vascular abnormalities	1
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" There is not a known tumor.; There is not a known abdominal infection.; 3 months post-treatment to assess for interval change	1
Radiology	Approval	G0297 LOW DOSE CT SCAN 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
Radiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1
Rehabilitations	Approval	72131 Computed tomography, lumbar spine; without contrast material		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

				Gait and Station; Gait/Mobility: Ambulating with no assistive devices, Able to perform tandem gait, Antalgic gait. Patient reports requires cane due to this problem. He reports Average pain level over the last week 10/10. the patient continues to have fair; The study 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.; Lumbar Spine; Inspection: Normal alignment; Bony Palpation of the Lumbar Spine: No tenderness of the spinous processes, No tenderness to palpation of the sacroiliac joints, No tenderness to palpation of the greater trochanters, No tenderness of the coccyx; The patient does not have new signs or symptoms of 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
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		She is noted some pain into her thigh with a bit of mild tingling in her calf and foot. Right-sided symptoms suggest sciatica is likely mid lumbar, given her physical exam. Hip joints look quite healthy. Subtle levoscoliosis is suggested on this AP pelvis ; This study is being ordered for Congenital Anomaly.; 02/02/2017; There has been treatment or conservative therapy.; Ms. Cook presents with long-standing history of "aching" axial back pain with referral to the left hip, typically aggravated with with prolonged sitting or standing, and particular directional movements; alleviated with heat modalities; Past history inclu; Chiropractic care and physical therapy exercises ending 05-2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 completed 6 weeks or more of Chiropractic care.; Tramadol, voltaren gel, meloxicam	1
Rehabilitations	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		She is noted some pain into her thigh with a bit of mild tingling in her calf and foot. Right-sided symptoms suggest sciatica is likely mid lumbar, given her physical exam. Hip joints look quite healthy. Subtle levoscoliosis is suggested on this AP pelvis ; This study is being ordered for Congenital Anomaly.; 02/02/2017; There has been treatment or conservative therapy.; Ms. Cook presents with long-standing history of "aching" axial back pain with referral to the left hip, typically aggravated with with prolonged sitting or standing, and particular directional movements; alleviated with heat modalities; Past history inclu; Chiropractic care and physical therapy exercises ending 05-2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	2
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Rheumatology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			1
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for Inflammatory/ Infectious Disease.; 09/2016; There has been treatment or conservative therapy.; Low back pain, bilateral hip pain with burning pain radiating down bil legs; indomethacin; diclofenac; lyrica; tramadol; flexeril; 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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	6
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			1
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(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 arthritis.	1
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This study is being ordered for Inflammatory/ Infectious Disease.; 09/2016; There has been treatment or conservative therapy.; Low back pain, bilateral hip pain with burning pain radiating down bil legs; indomethacin; diclofenac; lyrica; tramadol; flexeril; 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
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(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 bilateral hip avascular necrosis.	1
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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 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
Rheumatology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	2
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	1
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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
Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; < Describe primary symptoms here - or Type In Unknown if No Info Given >; Chiropractic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She continues to have severe lower back pain with radiating symptoms with x-rays of been unremarkable. I'm concerned about the possibility of impingement and for this reason we will send for an MRI of her lumbar spine. Call her with these results and initiate; 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
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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
Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	R/O Rheumatoid 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.; 08/2017; There has been treatment or conservative therapy.; Pain and swelling; Oxycodone, prednisone, Duloxetine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology NEED TO RULE OUT RA; This study is being ordered for Inflammatory/ Infectious Disease.; 02/26/2018; There has been treatment or conservative therapy.; Bilateral hands show some squaring of the digits to the PIP joints She has a negative ANA, rheumatoid factor of 251.6, Sed rate of 27 She reports that last year she began to have pain in her wrist that would wake her up at night. She reports difficulty, prednisone 5 mg BID, cyclobenzaprine 10 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	R/O Rheumatoid 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.; 08/2017; There has been treatment or conservative therapy.; Pain and swelling; Oxycodone, prednisone, Duloxetine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 6/26/2018; There has been treatment or conservative therapy.; neck and shoulder pain, numbness and tingling; 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
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	R/O Rheumatoid 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.; 08/2017; There has been treatment or conservative therapy.; Pain and swelling; Oxycodone, prednisone, Duloxetine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Rheumatology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1
Sports Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		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
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Teresa Ann Bibbs is a 40 y.o. female who returns with chief complaint of continued pain overlying the dorsal aspect of the right foot as well as within the right ankle along the tibialis anterior tendon. She notes it to be a dull burning pain with severity; The study 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.; SEVERE PAIN TO BILATERAL LEGS RIGHT GROIN PAIN WITH DIFFICULTY WALKING; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	6
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	6
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Sports Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	5
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request 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
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; 01/24/18; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT a year ago without help.; The study 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	241
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		URINARY TRACT INFECTION AND BLADDER PAIN; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		urinary tract infection; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		will fax; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		MRI PELVIS WITHOUT CONTRAST AND MRI ABDOMINAL WITHOUT CONTRAST. (L) KIDNEY MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" The patient has a left renal mass that is consistent with a hemorrhagic cyst. Scan is being ordered as a 1 year followup. If all is stable, no more imaging followup scans will be necessary	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Complex mass is the lower pole of the left kidney with possible minimal amount of fat about the periphery of the lesion, likely a renal angiomyolipoma however renal cell carcinoma cannot be entirely excluded.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Renal mass: stable 1.8 cm ovoid mass projecting from the posterior midpole of the right kidney. This demonstrates mild enhancement but is unchanged in size and density compared with the prior exam. Right flank pain and microhematuria	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" The patient has a 17mm left adrenal nodule seen on CT scan. Radiologist recommends contrasted MRI for characterization	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" ULTRASOUND NON DIAGNOSTIC	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;" 1. 2.8 x 2.6 cm measured hypoechoic region within the upper/midpole the right kidney. This may correspond to the cortical contour of the right kidney. However, mass lesion cannot be definitively excluded. Further evaluation is recommended with multiphasic	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor of the bladder, chronic back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This PET Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	chronic prosthettus; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient states he has a history of kidney stones. He says he has mild discomfort on urination. He would like a scan to check for any new stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 bilirubin.; 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
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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.; It is unknown if there has been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	9
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3
Vascular Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		62-year-old male with bilateral high-grade asymptomatic carotid stenosis by ultrasound. We must obtain a CT angiogram to confirm this and for operative planning. If this confirms high-grade stenosis we will plan left carotid endarterectomy as he is right; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Vascular Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Vascular Surgery	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of 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
Vascular Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		positive new onset hypertension. Patient needs to be elevated for possible tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	1
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	3
Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1
Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material			1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		< 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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2018; There has not been any treatment or conservative therapy.; pulmonary embolus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		58 yo female presents to the clinic for a surgical evaluation of a primary rectal carcinoma. I have recommended resection and discussed the indications and benefits for resection as well as the risks and complications. Treatment options were discussed. Am; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Films reviewed. Patient examined. She has an inflammatory breast cancer of her left breast. We will need to place a port for chemotherapy. We have planned to order staging studies. We discussed that she will eventually need a modified radical mastectomy o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		has cough for several weeks; "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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		invasive well differentiated dual adenocarcinoma. modified nottingham score 4 (2+1+1); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		MULTIPLE ABNORMAL TESTS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pathology confirmed Adenocarcinoma, Invasive; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2

Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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
Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Thoracic outlet syndrome; This study is being ordered for a neurological disorder.; 02/2015; There has been treatment or conservative therapy.; She reports that weakness and numbness, altered sensation that radiates the length of the arm and forearm.; Steroid injections, splinting, activity modifications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Numbness in legs and pain in lower back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 an Epidural.	1
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		â Enter answer here - or Type In Unknown If No Info Given. â; 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Patient was diagnosed with anaplastic thyroid cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Pt fell at home a couple of days ago and has injured his coccyx and buttocks. Barely able to move @ office appt. Exquisite tenderness coccygeal area and upper gluteal area bilaterally.; 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Severe pelvic 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Unknown; 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		visit for rectal bleeding, had colonoscopy and mass was found; 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
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(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.; 07/15/2018; There has not been any treatment or conservative therapy.; RUQ pain, RUQ swelling, nausea, loss of appetite, weight loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	10
Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		ongoing RLQ pain lasting for 6 weeks.; This study is being ordered for trauma or injury.; Pt presented in clinic on 7/9/2018 with severe RLQ pain for the past 6 weeks. He has had a CT abdomen pelvis to r/o appendicitis, that scan was negative.; There has been treatment or conservative therapy.; RLQ pain for the last 6 weeks after playing sports.; He was treated with pain medication, rest, NSAIDs and a 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
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	3
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Trying to rule out sport hernia.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material		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	1
Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material		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	1
Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	8

Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		We will get an MRI of the right hand and wrist. Due to the swelling and pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 6/2018; There has been treatment or conservative therapy.; Polyarthralgias, swelling, pain and stiffness; Overt the counter medications, splints 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; 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 not had recent plain films, bone scan or ultrasound of the knee.; The request is for shoulder pain.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	5
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	2
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		We will get an MRI of the right hand and wrist. Due to the swelling and pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 6/2018; There has been treatment or conservative therapy.; Polyarthralgias, swelling, pain and stiffness; Overt the counter medications, splints 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material		some of firework may still in body; This study is being ordered for trauma or injury.; 7/4/18; There has been treatment or conservative therapy.; burn from firework; chest xray- seen in ER- new patient; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material		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	1
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/07/2017; There has been treatment or conservative therapy.; diabetic foot ulcers; wound 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	2

Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 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.	1
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; It is not known if there has been a recurrence of symptoms following surgery.; The study is being ordered for a post op.; 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
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.; Enlarging lateral suprapatellar mass x5 months, surgical resection planned but need to know if extension to joint cavity; Suspicious Mass or Suspected Tumor/ Metastasis	1
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		< 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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		; 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
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		ABDOMINAL ULTRASOUND OF GALLBLADDER WAS ABNORMAL; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		follow up: UGI confirms moderate sliding hiatal hernia type 3 (a year ago); This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		possible hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		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	7
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		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	3
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	2

Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	3
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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 abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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 Computed tomography, abdomen and pelvis; without contrast material		; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		49 year old female patient who is referred by Dr. Chrysti Williams for evaluation of epigastric pain and hernia. Patient states she was in a head on accident on October 30th 2017. She had multiple fractures including broken bones- sternum, collarbone, hip; 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 Computed tomography, abdomen and pelvis; without contrast material		56 year old established female patient who returns with new complaints of dark rectal bleeding. Patient had an EGD and colonoscopy on 3/28/2018 for diarrhea, hemorrhoids, and rectal bleeding. The EGD revealed GERD with esophagitis, gastritis, and hiatal 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 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Acute infection of lymph nodes in groin area, lymph nodes are enlarged; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Large lower abd VH  Morbid obesity but has lost signif wt  Large abd pannus with underlying rash  Plan for CT abd/pelvis to prep eval hernia  We are planning for VHR, probably with biologic mesh to help prevent infection; 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 Computed tomography, abdomen and pelvis; without contrast material		MULTIPLE ABNORMAL TESTS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has history of human papilloma virus, history of abnormal cervical pap smears, irregular periods. Cervical intraepithelial neoplasia grade 3 with severe dysplasia; 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 Computed tomography, abdomen and pelvis; without contrast material		Patient is 34y/o female with triple negative breast cancer. We would like to stage her before surgery.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Peri-umbilical pain. Ct to r/o hernia or any other abnormality. Ultrasound of the abdomen was negative; This is a 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt had a lap ventral hernia repair in May of this year-Noted a small seroma @ 2 wk post op appt. Instructed to use warm soaks. Pt called on 8/8/18 c/o worsening pain on bottom (R) side and top (L) top side of incision. Surgeon ordered CT abd/pel to r/o re; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	5
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	10
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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 been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	5
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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	5
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Transplant patient liver ca; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Will fax; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<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, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<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

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Reason for Appointment  1. Hernia  2. Epigastric pain    History of Present Illness  HPI:  49 year old female patient who is referred by Dr. Chryst Williams for evaluation of epigastric pain and hernia. Patient states she was in a head o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;" Patient has known gallstones, abnormal LFT's and lab and strong family history of pancreatic carcinoma. Checking for mass or infections prior to discussing surgical options.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for known or suspected infection.; "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.;" There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" 58 yo female presents to the clinic for a surgical evaluation of a primary rectal carcinoma. I have recommended resection and discussed the indications and benefits for resection as well as the risks and complications. Treatment options were discussed. Am	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Diagnostic testing has shown a pancreatic mass. In need of MRCP to get a better look before surgery.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" unchanged liver mass seen on MRI of Abdomen	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Chest CT showed abnormality of Kidney, checking for metastasizing.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" 8.4 mm small low-density lesion in mid aspect of the right lobe of the liver on CT abd/epi 6/28/18.  follow-up on her ultrasound. She had an appendectomy a month ago and denies any abdominal pain. This abnormal CT is unrelated to her appendectomy and w	1
Surgery	Approval	77058 Magnetic resonance imaging, 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.	2
Surgery	Approval	77058 Magnetic resonance imaging, 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).	4
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		GROWING TISSUE, MASS; 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. life-time risk of 33%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		patient gets frequently abscesses; 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
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		pt has a mass or lump; 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
Surgery	Approval	77058 Magnetic resonance imaging, 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.; 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); No, the patient does not 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
Surgery	Approval	77058 Magnetic resonance imaging, 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).	9
Surgery	Approval	77058 Magnetic resonance imaging, 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.	5
Surgery	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		This is a request for Parathyroid SPECT imaging.; high calcium and borderline elevated at parathyroid hormone level.PTH level 93.Calcium level 11.4 date taken 8/24/18. Previous parathyroid scan 4/20/18-impression: mild increased activity seen in the mid to lower right lobe thyroid region. May represent p	1
Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		Patient was diagnosed with anaplastic thyroid cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging. This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Approval	78813 Positron emission tomography (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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Surgery	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Approval	78813 Positron emission tomography (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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Surgery	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		CT showed the dilated gall bladder duct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Surgery	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		lesion on liver; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Surgery	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Pathology confirmed Adenocarcinoma, Invasive; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Stones; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.;" "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses.;" The patient does not have acute pancreatitis.	1
Surgery	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (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 evaluation.	1
Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	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 >; 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
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	44-year-old female referred for abnormal mammogram. patient has a significant family history of breast cancer. This was a screening mammogram. She denies breast mass, skin changes and nipple discharge. No prior abnormal mammograms or breast biopsies. ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; 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.;	1
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; May 24,2018; There has been treatment or conservative therapy.; Neck and back pain. Pain with activity . Numbness and tingling in feet; Anti inflammatory medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	1
Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Chronic pain with no relief with conservative treatment; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; Swelling, numbness and tingling, pain; NSAIDs, injections, 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
Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Swelling and pain affecting her function and comfort; This study is being ordered for Inflammatory/ Infectious Disease.; 4 years ago; There has been treatment or conservative therapy.; Pain and swelling; Patient is allergic to NSAIDs. She has had 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
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chronic pain with no relief with conservative treatment; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; Swelling, numbness and tingling, pain; NSAIDs, injections, 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

Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	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 >; 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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 glucose.; 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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	9
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Reason for Appointment  1. Hernia  2. Epigastric pain    History of Present Illness  HPI:  49 year old female patient who is referred by Dr. Chrysti Williams for evaluation of epigastric pain and hernia. Patient states she was in a head o; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Surgery	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	R/o breast cx Nipple discharge Pt does not know family hx; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	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 being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	8
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1
Surgical Oncology	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	1

Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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."	2
Surgical Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1
Surgical Oncology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		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 Surgical Oncology	1
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 Surgical Oncology	1
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" Rectal ca, large lesion, staging; Restaging of liver metastasis	1
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" < Enter answer here - or Type In Unknown If No Info Given. >	1
Surgical Oncology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		CLINICAL INFO HAS BEEN UPLOADED.; 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
Surgical Oncology	Approval	77058 Magnetic resonance imaging, 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
Surgical Oncology	Approval	77058 Magnetic resonance imaging, 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
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 is experiencing new signs or symptoms indicating a recurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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 Surgical Oncology	1
Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"None of the above" describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		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

Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		pt has a 5CM AAA found on ct. Needs CTA Chest to evaluate size better.; 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
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Thoracic Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		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
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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
Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		< 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.; Eye swelling, loss of sight and pain; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; 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
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2
Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"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"	2
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"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
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< 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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; 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
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; 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
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		RE-STAGING; 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
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		symptoms and swelling same as previous parotid 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
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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	8

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up for Cerebral Angiogram from March 12, 2018.; This study is being ordered for a neurological disorder.; 03/10/18; There has been treatment or conservative therapy.; migraines worst headache of her life, nausea & vomiting, left side numbness, left facial droop.; acetaminophen verapamil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	1
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		< 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up for Cerebral Angiogram from March 12, 2018.; This study is being ordered for a neurological disorder.; 03/10/18; There has been treatment or conservative therapy.; migraines worst headache of her life, nausea & vomiting, left side numbness, left facial droop.; acetaminophen verapamil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given. >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given. >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given. >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given. >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Evaluation of progress, patient is currently on treatment, Metastatic disease present, Prior to surgery, Patient has small cell cancer in lung, On cycle 4 of chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt also complains of intolerance to loud noises and photophobia. Headaches are recurrent several times per week and physically debilitating.; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	9
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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.	6
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for Vascular Disease.; 7/2/2018; There has not been any treatment or conservative therapy.; headache for one month visual blind spot blurred vision change in vision seeing halos; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	71250 Computed tomography, thorax; without contrast material		< 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	71250 Computed tomography, thorax; without contrast material		< 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

Unknown	Approval	71250 Computed tomography, thorax; without contrast material	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	71250 Computed tomography, thorax; without contrast material	; 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	2
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	4/2018 Possible changes of bronchitis with reactive right lower hilar node. Small left lower lung nodules largest about 8 mm. Follow-up exam in 3 months suggested; "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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	10
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Lung cancer screening showed pulmonary nodule Lung RADS cat 3.....recommended 6 month 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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Mrs. Nesler is a 60 year old woman with HTN, DM and colon cancer s/p right hemicolectomy, FOLFOX chemotherapy in 2013, who developed recurrent abdominal masses in her abdomen. She was doing well until February 2017 when she presented to OSH with bowel obs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	patient has stage 4 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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RECHECK FOR Primary angiosarcoma of right upper extremity  DIAGNOSIS: Sarcoma of right arm.   PROCEDURE: Open biopsy September 26, 2016 followed by open reduction  internal fixation of pathologic fracture on October 10, 2016, followed by  resec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	71250 Computed tomography, thorax; without contrast material	RE-STAGING LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RE-STAGING LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RE-STAGING; 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	2
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Since last visit he has underwent PFT. He was unable to Complete a PFT And only Spirometry was done. It shows moderate airflow obstruction with significant bronchodilator response. Postbronchodilator FEV1 is 79%. Was able to obtain some records from his p; It is not known if there is radiologic evidence of asbestosis; "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.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	will attach clinical; "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
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	intervention to repair, considering stent replacement; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	; 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

Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc....	2
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		 Enter answer here - or Type in Unknown If No Info Given.  This study is being ordered for a neurological disorder.; 4/2018; There has been treatment or conservative therapy.; neuro deficits; PT and medication and heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Clonus and spasticity of lower extremities; This study is being ordered for a neurological disorder.; 10 years; There has been treatment or conservative therapy.; Pain that is achy and electric. Gait problems; Injections as well as pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Neck pain with neurological 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 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 strength and reflex abnormality noted	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		PT recommends Cervical MRI due to not responding to PT as hoped.; 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		REVIEW MS; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; MULTIPLE SCLEROSIS, PAIN, GAIT ISSUES, HEADACHES, INCONTINENCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Pt is being referred to physical therapy for neck pain at this visit.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	2
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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?	6
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	5
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.	9
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Unknown; This study is being ordered for a neurological disorder.; 7/10/18; There has been treatment or conservative therapy.; pain and Numbness to bilat arms and hands pain when standing pain lifting right leg and stepping pain with walking for extended periods of time pain when turning head from side to side pain that begins in neck and refers to bilat arms and hands pain; multiple OTC meds, rest, muscle relaxers, pain meds, therapy with 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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		 Enter answer here - or Type in Unknown If No Info Given.  This study is being ordered for Congenital Anomaly.; Birth; There has not been any treatment or conservative therapy.; cervical anomaly.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; 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

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt says pain interferes with daily living.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/25/2018; There has been treatment or conservative therapy.; Pt has penetrating, sharp stabbing pain which radiates to ext.; Pt has had steroid injections and medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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.	2
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 a facet joint injection.	5
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	18
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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	33
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	9
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Unknown; This study is being ordered for a neurological disorder.; 7/10/18; There has been treatment or conservative therapy.; pain and Numbness to bilat arms and hands pain when standing pain lifting right leg and stepping pain with walking for extended periods of time pain when turning head from side to side pain that begins in neck and refers to bilat arms and hands pain; multiple OTC meds, rest, muscle relaxers, pain meds, therapy with 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Vehicle traveling 65 mph crossed embankment and flipped car 3 times.; This study is being ordered for trauma or injury.; 1 week ago; There has been treatment or conservative therapy.; lumbar and cervical pain with radiculopathy.; Chiropractor, old prescription of percocet, ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		will attach 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
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		; This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		< 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
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		; 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	2
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; back pain and abnormal X-ray forearm, possible venous malformation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		< 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 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.; Unknown; The patient received medication other than joint injections(s) or oral analgesics.	1

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		patient has been suffering with this for over a year. Now shows 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.; 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
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.; Injured herself about 6 weeks ago when she fell on her posterior left shoulder. Apparently x-rays were made elsewhere and possibly showed an abnormality. She is having pain this anterolateral shoulder. No neck or for pain. She has not had any diagnost	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery. Patient is a pleasant 61-year-old right-handed man who has had left shoulder pain without injury for about 4 weeks. Pain is anterolateral shoulder. He does not have neck referred pain. He has not had diagnostic testing and/or treatment outside of x-ray	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has been treated with medication.; The patient received joint injection(s).	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There 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
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		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 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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	2
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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	3
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request 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
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		& 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 imaged abdominal mass.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		9/18/2018 8:39:40 AM Anna G Hallemeier, MD Discussion with alternate clinician held- Amy Morton, NP. Pt with rib pain and abnl US with cyst finding and hepatomegaly. No clear reason why pelvis is ordered- will reorder abdominal only.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		large ventral hernia seen on previous abdominal US - needs further evaluation; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		patient continues to have abdominal pain with nausea and vomiting. ultrasound of the gallbladder shows Fatty infiltration of the liver.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		Patient presents today for epigastric pain that has been present for 3 months. She reports she was told that she has gallstones. Patient's ultrasound does show evidence of gallstones, however testing also showed dilation of pancreatic duct. I recommend ge; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		The patient noticed the knot in her abdomen after leaving the hosp which she says was approx dime size and has slowly gotten bigger and more painful.; 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 Computed tomography, abdomen; without contrast material		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
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		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 this is a request for a Diagnostic CT	1
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		& Enter answer here - or Type In Unknown If No Info Given. &; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; & Enter date of initial onset here - or Type In Unknown If No Info Given &; It is not known if there has been any treatment or conservative therapy.; & Describe primary symptoms here - or Type In Unknown If No Info Given &; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/15/2018; It is not known if there has been any treatment or conservative therapy.; 64 y.o.male here for follow-up. He continues to have swelling of the left side of his neck. He states that this is painful for him. When he begins to eat or put anything in his mouth he will feel a pulling sensation to his left neck and it will tighten up.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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	2
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Concerned about the patient having a kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Mrs. Nesler is a 60 year old woman with HTN, DM and colon cancer s/p right hemicolectomy, FOLFOX chemotherapy in 2013, who developed recurrent abdominal masses in her abdomen. She was doing well until February 2017 when she presented to OSH with bowel obs.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinical information; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		One month no bowel movement, prior abdominal surgery, R/O diverticulitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient has stage 4 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt is needing imaging in order to be seen by Urology; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING; 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	2
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	5
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	3
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for 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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	20

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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.; 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		URINALYSIS SHOWED HEMATURIA. HAS PYURIA; 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 normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Urology is requesting to evaluate; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	74181 Magnetic resonance (eg, proton) imaging, abdomen, without contrast material(s)		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."; 6 months off treatment, since there are some reports of enlarging hemangiomas when exposed. Plan to repeat MRI in 6 months. If continues less than 5 cm and asymptomatic, yearly ultrasound follow up will be recommended.	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	2
Unknown	Approval	77058 Magnetic resonance imaging, 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
Unknown	Approval	77058 Magnetic resonance imaging, 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
Unknown	Approval	77058 Magnetic resonance imaging, 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
Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		; This is a request for an MRI Bone Marrow.	1
Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		This is a request for Parathyroid SPECT imaging.; Secondary hyperparathyroidism of renal origin	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Normal sinus rhythm with isolated PVCs. No ST-T wave abnormalities suggestive of ischemia.  Essential hypertension - Blood pressure is well controlled. Continue losartan and amlodipine.  I10: Essential (primary) hypertension Dyspnea on exertion - Risk fa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/21/2018 THIS IS W HIS PCP. Patient presents today for a follow up for pain in bilateral legs and feet. He also reports shortness of breath at rest and with activity along with some dizziness.  FIRST INITIAL VISIT W CARDIO IS 07/25/2018; There has been treatment or conservative therapy.; This is a 58-year-old male who was referred to us for evaluation of shortness of breath on exertion. Patient has been complaining of shortness of breath on walking. He cannot walk more than half a block without getting out of breath. Denies any chest p; LASIX FOR EDEMA,ABI was done today which was unremarkable.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		PT C/O OF CHEST PAIN, SHORTNESS OF BREATH, DIZZINESS, TINGLING & LEFT ARM NUMBESS, HX OF HTN, EVERYDAY 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 coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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.	1

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; A lab test other than a SPEP suggests their need for ordering this study.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78813 Positron emission tomography (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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		RESTAGING SCANS AFTER COMPLETION OF 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		SMALL CELL LUNG CANCER  LAST PET REVEALED HYPERMETABOLIC; 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
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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 Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	2
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			unknown; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Unknown	Approval	G0297 LOW DOSE CT SCAN 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.	3
Unknown	Disapproval	0042T Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	Radiology Services Denied Not Medically Necessary		This is a request for Cerebral Perfusion CT.	1
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	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, EBCT, 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	70450 Computed tomography, head or brain; without contrast material	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 onset (within the last 4 weeks) of neurologic symptoms.	1
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary		Left facial twitching: This sounds like she has idiopathic left facial spasm. However, she has some visual weakness/drooping of the left upper lip/cheek area at rest. I am going to do a CT scan of her entire cranial nerve VII course, from where it exits x; This study is being ordered for a neurological disorder.; 2 years ago; It is not known if there has been any treatment or conservative therapy.; Two year history of intermittent spontaneous twitching and spasms on the left side of her face. This occurs in the area beneath her left eye and her upper lip. It can last for a few minutes or a few hours. She tells me that it sometimes pulls the left sid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary		Patient has had chronic migraines that have recently been increasing in severity and length. Patient has nausea and vomiting, sensitivity to light, and has to miss work when her migraines occur.; 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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary		concussion like symptoms associated with a MVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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.; 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
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		Migraines since the age of 5. Daily Migraine; 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
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		Sudden onset vertigo of central origin with n/v; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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 a chronic or recurring headache.	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	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	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		Chest pain describes the reason for this request.; 'None of the above' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		RESTAGING SCANS AFTER COMPLETION OF 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		SMALL CELL LUNG CANCER  LAST PET REVEALED HYPERMETABOLIC; 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

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; He has a five-year history of chronic cough. It is not spasmodic. This bothers him every day and every night. He coughs thick mucus from his pharynx. It seems to be at its very worse when he lies down at night. He does not have associated hoarseness. He h; There has been treatment or conservative therapy.; He has a five-year history of chronic cough. It is not spasmodic. This bothers him every day and every night. He coughs thick mucus from his pharynx. It seems to be at its very worse when he lies down at night. He has chronic nasal congestion and intermi; Pt has been treated with multiple antibiotics, and takes daily metronidazole, which covers many sinus infections, for his bowel, also.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for 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 CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy), without contrast material(s)	Radiology Services Denied Not Medically Necessary	PT HAS A HX OF GANGLIONEUROMA OF CHEST THAT WAS REMOVED 5 YEARS AGO BY THORACOTOMY. TUMOR IS THE SIZE OF A GRAPEFRUIT AND BENIGN, PT IS HAVING PAIN AGAIN AND SURGEON WANTS HIM TO HAVE AN MRI TO BE CHECKED, PCP AGREES.  CHEST XRAY WAS PERFORMED IN CLINIC; 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. Enter answer here - or Type In Unknown Patient complains of exacerbation of pain which is not being controlled with rest, activity modification and home exercise program and current pain medication(s) regimen. The patient complains of pain of lower back.; 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
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; PAIN IN LEFT ARM FOR TWO MONTHS HAD CT IN ER THAT SHOWS 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.; 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has c-spine and t-spine 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 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	see notes.; 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	hx of chronic low back pain from an accident in 2011 that fractured L4 and L5 then had a fusion.He states that on July 5th he was driving on a bumpy and uneven road and "my seat locked into position and it jarred my back real bad." He's concerned that som; This study is being ordered for trauma or injury.; 03/30/2018; There has been treatment or conservative therapy.; He's having a lot of pain, burning and stinging in his right mid and lower back that radiates into right buttock and hip.; 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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 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.;; Unknown	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 not seen the doctor more than once for these symptoms.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	hx of chronic low back pain from an accident in 2011 that fractured L4 and L5 then had a fusion.He states that on July 5th he was driving on a bumpy and uneven road and "my seat locked into position and it jarred my back real bad." He's concerned that som; This study is being ordered for trauma or injury.; 03/30/2018; There has been treatment or conservative therapy.; He's having a lot of pain, burning and stinging in his right mid and lower back that radiates into right buttock and hip.; 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Increasing lower back pain, with radiculopathy into hips bilaterally with 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.; Increasing lower back pain, with radiculopathy into hips bilaterally with numbness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having severe back pain in the lumbar region. Patient has Left HNP.; 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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?	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There is a severe lumbar scoliosis with apparent leg length inequality. due to pain no PT can be done. There is severe thoracolumbar scoliosis, likely from idiopathic and degenerative change. Left leg pain, question of radiculopathy and patient was severe; 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
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient having severe vaginal 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
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt was thrown off a jet ski, 2 days ago. Having pelvic and left hip pain. Dr is looking for hip fracture; 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
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	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
Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	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
Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.;"	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	injury of foot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 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.	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	na; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; ; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient feels the need to defecate but is unable to pass stool. She has tried OTC laxatives and stool softeners without relief. She is uncomfortable d/t to the distention and 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	restaging scans/ Malignant melanoma of right lower limb, including hip; 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 abnormal.; Yes this is a request for a Diagnostic CT	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Stable renal function on today's visit. CKD is likely from PKD. I d/w pt treatment with Tolvaptan, he would like to think about this; if interested will refer to tertiary center. Will check baseline MRI to eval kidney volume.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Was diagnosed when he was in the second grade; There has been treatment or conservative therapy.; Polycystic kidney disease Q61.3 753.12  Chronic kidney disease, stage III (moderate) N18.3 585.3 Dyslipidemia E78.5 272.4 Secondary hyperparathyroidism of renal origin N25.81 588.81 Vitamin D deficiency; In the past he had an episode of AKI in December of 2015 with a creatinine of 2.5 after starting low-dose ACE inhibitor with lisinopril 5 mg. At the same time he had mildly elevated serum creatine kinase. Creatinine improved after discontinuation of ACE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt was seen in ED 9/19/18 with Chest Pain. It was recommended that pt get MPI with Exercise done.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; This study is being ordered for None of the above; The patient has not had a stress echocardiogram within the past eight weeks.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 known or suspected coronary artery disease.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	to rule out CAD.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient is less than 45 years old.	1
Unknown	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for 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 CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Urology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1
Urology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing			1
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		INABILITY TO ACHIEVE PREGNANCY, PROLACTIN 9.3 FSH AND LH OF ONLY 1.9, TOTAL TESTOSTERONE OF 36, FREE TESTOSTERONE IS 1.7, AFTER TREATMENT WITH CLOMID, HIS FSH LEVEL IS LESS THAN 0.7, LH IS 0.4 AND TESTOS. IS 30. NEED TO CHECK PITUITARY, HE MAY HAVE KALLM; This request is for a Brain MRI; The study is 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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		 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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and/or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	2
Urology	Approval	71250 Computed tomography, thorax; without contrast material		clarification of findings and post op study; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		New diagnosis of prostate cancer. Scan is being ordered for staging. PSA 4.1 Gleason 7 clinical stage T1; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	71250 Computed tomography, thorax; without contrast material		The patient has a history of renal cancer. He underwent a right nephrectomy in 2009. Now c/o slow stream, urgency, frequency and incontinence. Scan is being ordered for restaging 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		The patient has a history of renal cell carcinoma. Scan is 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material]prostatitis-patient running 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 patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		Assessment & Plan 8/22/2018  Prostate cancer with acute urinary retention. We are going to go ahead and take his Foley catheter out today. The family is going to start cycling his voids, trying to void on his own, check him what is left with a suprapu; 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 Computed tomography, pelvis; without contrast material		PENILE PROSTHESIS INFECTION. 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 Computed tomography, pelvis; without contrast material		The patient has a known left ureteral stone. She has lithotripsy on 7/19. Still having pain and hematuria. Checking to see if the stone is still obstructing. The patient has painful hematuria.; The patient has had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		unknown; 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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		 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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		 Enter answer here - or Type In Unknown If No Info Given.  This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;  Enter date of initial onset here - or Type In Unknown If No Info Given  It is not known if there has been any treatment or conservative therapy.;  Describe primary symptoms here - or Type In Unknown If No Info Given  One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		bilateral scrotal pain. No obvious findings on physical exam.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Elevated PSA: last PSA value: (11.43 (true value 22.86 on 08/20/18 due to SARI), 7.33 (true value 14.66 on 08/21/17 due to SARI) & 6.62 (true value 13.24 on 08/15/16)); biopsy result: benign (2016 & 2006); -PCA3 of 2.8 (2013)  -Select MDx showed 36% like; 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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Elevated PSA: Last PSA: 6.66 (6/28/18), 4.62 (1/8/15); benign bx (2/28/13); nocturia x2 2. FH of Prostate Cancer: father, caused death; 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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		MRI PELVIS WITHOUT CONTRAST AND MRI ABDOMINAL WITHOUT CONTRAST. (L) KIDNEY MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	55
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Tumor of the bladder, chronic back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		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
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		clarification of findings and post op study; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		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	19
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		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	2
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			14
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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.; 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	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		< 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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Carcinoma of urinary bladder, invasive; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Follow UP; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		HEMATURIA X4 EPISODES AND URGE INCONTINENCE- FOR THE PAST 8 MONTHS, HX DIABETES, IS ON FLOMAX, NO TRUE DYSURIA. HAS INCOMPLETE EMPTYING OF BLADDER. OBESE ABD, UNABLE TO PALPATE ANY INTERNAL ORGANS. NICOTINE DEPENDENCE; 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 normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		New diagnosis of prostate cancer. Scan is being ordered for staging. PSA 4.1 Gleason 7 clinical stage T1; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pATIENT DIAGNOSED WITH INVASIVE RENAL CELL CARCINOMA, CLEAR CELL TYPE. NEPHRECTOMY PERFORMED 8/7/18. FOLLOW UP TO LOOK 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient having pain and noted hydronephrosis on renal us...showing dilatation of the intrenal collecting system...needs ct to have a more defining answer...; This is a 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 Computed tomography, abdomen and pelvis; without contrast material	presents to urology clinic for a one year h/o right scrotal pain. Intermittently tender with contact and swelling. Each episode lasts approx 1 week. Right sided scrotum, groin, lower abd. Pain improved in the morning, worse at end of the day. Pain worse; This is a request for an abdomen-pelvis CT combination...; It is not known if a urinalysis has been completed...; This study is being requested for abdominal and/or pelvic pain...; The study is being ordered for chronic pain...; This is the first visit for this complaint...; The patient did not have a amylase or lipase lab test...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT HAD A (L) RADICAL ORCHIECTOMY ON 7-16-18. PATHOLOGY SHOWS MALIGNANT NEOPLASM TESTIS. CHECKING OF 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient has a history of renal cell carcinoma. On his last scan, a mass was seen on his pancreas. Scan is being done for routine surveillance and monitoring of pancreatic 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; A urinalysis has been completed...; The reason for the study is renal calculi, kidney or ureteral stone...; It is not known if this study is 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	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	53
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; A urinalysis has been completed...; The reason for the study is renal calculi, kidney or ureteral stone...; This study is not being requested for abdominal and/or pelvic pain...; The study is not requested for hematuria...; The results of the urinalysis were abnormal...; The urinalysis was positive for ketones...; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; A urinalysis has been completed...; The reason for the study is renal calculi, kidney or ureteral stone...; This study is not being requested for abdominal and/or pelvic pain...; The study is not requested for hematuria...; The results of the urinalysis were abnormal...; The urinalysis was positive for protein...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 glucose...; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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...; It is unknown if there has been a physical exam...; The patient did not have a amylase or lipase lab test...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 exam...; The patient did not have a amylase or lipase lab test...; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	13
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 not the first visit for this complaint...; It is unknown if there has been a physical exam...; The patient did not have a amylase or lipase lab test...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; A urinalysis has not been completed...; This study is being requested for abdominal and/or pelvic pain...; The study is being ordered for acute pain...; There has not been a physical exam...; The patient did not have a amylase or lipase lab test...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; The hematuria is due to tumor or mass...; It is not known if this study is being requested for abdominal and/or pelvic pain...; The study is requested for hematuria...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; The reason for the study is follow up trauma...; There is not laboratory or physical evidence of an intra-abdominal bleed...; There is physical or abnormal blood work consistent with peritonitis or abdominal abscess...; This study is not being requested for abdominal and/or pelvic pain...; The study is not requested for hematuria...; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination...; The reason for the study is infection...; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase...; This study is not being requested for abdominal and/or pelvic pain...; The study is not requested for hematuria...; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis...; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	5

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is known tumor; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	31
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	10
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is pre-op or post op evaluation; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	5
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; The patient is not presenting new symptoms; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The last Abdomen/Pelvis CT was performed within the past 10 months; The patient had an abnormal abdominal Ultrasound, CT or MR study; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	10
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient had an abnormal abdominal Ultrasound, CT or MR study; The patient completed a course of chemotherapy or radiation therapy within the past 90 days; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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	3
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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; It is not known if a pelvic exam was performed; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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	6
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; There has been a physical exam; The patient is male; A rectal exam was not performed; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam; The patient is female; A pelvic exam was NOT performed; Yes this is a request for a Diagnostic CT	5
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam; The patient is female; A pelvic exam was performed; The results of the exam were normal; The patient did not have an Ultrasound; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	3
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being 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	7
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam; The patient is male; A rectal exam was performed; The results of the exam were normal; The patient had an Ultrasound; The Ultrasound was abnormal; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Unknown; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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 male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unkwnon; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		WANTS TO CHECK IF KIDNEY STONE PASSED; 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	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		will fax; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		< Enter answer here - or Type in Unknown If No Info Given >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type in Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type in Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCt, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		2.1 cm structure in the midportion left kidney is indeterminate in etiology and may represent mass described on prior imaging versus artifact. If lesion was incompletely evaluated on prior CT and ultrasound, consider MRI for further evaluation.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		left renal mass concerning for recurrence, measures 2.2 x 1.8 cm. This site is concerning for element of recurrent/progressive tumor growth along margin of the ablation site.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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 (3.1.17 increased mass like enlargement at cryoablation site); MRI (6.5.17 interval worsening exophytic heterogeneous cystic/solid mass, Bosniak III)	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		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.;" MRI (08/04/17) Impression: 3.5 cm lesion in the lateral aspect of the left kidney. Per CT (04/08/16) 3.1 cm stable left mass.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" the patient has a right renal mass measuring approx. 2.5 cm and is partially exophytic. Mass was originally seen on an ultrasound of the gallbladder. Scan is being ordered to better visualize	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Post operative.; 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Context:here to review Ct and for cystoscopy to evaluate exacerbation of LUTS and pelvic pain, on Keflex and Flomax. His insurance refused to approve CT. Noted no improvement in pelvic pain, previously treated with multiple courses of Finasteride, Cipro; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were 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
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is 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	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	3

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 ketones.; 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
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 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	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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 normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; 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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	5
Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization 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.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		62-year-old male with bilateral high-grade asymptomatic carotid stenosis by ultrasound. We must obtain a CT angiogram to confirm this and for operative planning. If this confirms high-grade stenosis we will plan left carotid endarterectomy as he is right; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		s/p TEVAR due to dissection of thoracic aorta; 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 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; One of 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

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Population	7.5	7.6	7.7	7.8	7.9	8.0	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	10.0	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9	11.0	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9	12.0	12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9	13.0	13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	14.0	14.1	14.2	14.3	14.4	14.5	14.6	14.7	14.8	14.9	15.0	15.1	15.2	15.3	15.4	15.5	15.6	15.7	15.8	15.9	16.0	16.1	16.2	16.3	16.4	16.5	16.6	16.7	16.8	16.9	17.0	17.1	17.2	17.3	17.4	17.5	17.6	17.7	17.8	17.9	18.0	18.1	18.2	18.3	18.4	18.5	18.6	18.7	18.8	18.9	19.0	19.1	19.2	19.3	19.4	19.5	19.6	19.7	19.8	19.9	20.0	20.1	20.2	20.3	20.4	20.5	20.6	20.7	20.8	20.9	21.0	21.1	21.2	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3	27.4	27.5	27.6	27.7	27.8	27.9	28.0	28.1	28.2	28.3	28.4	28.5	28.6	28.7	28.8	28.9	29.0	29.1	29.2	29.3	29.4	29.5	29.6	29.7	29.8	29.9	30.0	30.1	30.2	30.3	30.4	30.5	30.6	30.7	30.8	30.9	31.0	31.1	31.2	31.3	31.4	31.5	31.6	31.7	31.8	31.9	32.0	32.1	32.2	32.3	32.4	32.5	32.6	32.7	32.8	32.9	33.0	33.1	33.2	33.3	33.4	33.5	33.6	33.7	33.8	33.9	34.0	34.1	34.2	34.3	34.4	34.5	34.6	34.7	34.8	34.9	35.0	35.1	35.2	35.3	35.4	35.5	35.6	35.7	35.8	35.9	36.0	36.1	36.2	36.3	36.4	36.5	36.6	36.7	36.8	36.9	37.0	37.1	37.2	37.3	37.4	37.5	37.6	37.7	37.8	37.9	38.0	38.1	38.2	38.3	38.4	38.5	38.6	38.7	38.8	38.9	39.0	39.1	39.2	39.3	39.4	39.5	39.6	39.7	39.8	39.9	40.0	40.1	40.2	40.3	40.4	40.5	40.6	40.7	40.8	40.9	41.0	41.1	41.2	41.3	41.4	41.5	41.6	41.7	41.8	41.9	42.0	42.1	42.2	42.3	42.4	42.5	42.6	42.7	42.8	42.9	43.0	43.1	43.2	43.3	43.4	43.5	43.6	43.7	43.8	43.9	44.0	44.1	44.2	44.3	44.4	44.5	44.6	44.7	44.8	44.9	45.0	45.1	45.2	45.3	45.4	45.5	45.6	45.7	45.8	45.9	46.0	46.1	46.2	46.3	46.4	46.5	46.6	46.7	46.8	46.9	47.0	47.1	47.2	47.3	47.4	47.5	47.6	47.7	47.8	47.9	48.0	48.1	48.2	48.3	48.4	48.5	48.6	48.7	48.8	48.9	49.0	49.1	49.2	49.3	49.4	49.5	49.6	49.7	49.8	49.9	50.0	50.1	50.2	50.3	50.4	50.5	50.6	50.7	50.8	50.9	51.0	51.1	51.2	51.3	51.4	51.5	51.6	51.7	51.8	51.9	52.0	52.1	52.2	52.3	52.4	52.5	52.6	52.7	52.8	52.9	53.0	53.1	53.2	53.3	53.4	53.5	53.6	53.7	53.8	53.9	54.0	54.1	54.2	54.3	54.4	54.5	54.6	54.7	54.8	54.9	55.0	55.1	55.2	55.3	55.4	55.5	55.6	55.7	55.8	55.9	56.0	56.1	56.2	56.3	56.4	56.5	56.6	56.7	56.8	56.9	57.0	57.1	57.2	57.3	57.4	57.5	57.6	57.7	57.8	57.9	58.0	58.1	58.2	58.3	58.4	58.5	58.6	58.7	58.8	58.9	59.0	59.1	59.2	59.3	59.4	59.5	59.6	59.7	59.8	59.9	60.0	60.1	60.2	60.3	60.4	60.5	60.6	60.7	60.8	60.9	61.0	61.1	61.2	61.3	61.4	61.5	61.6	61.7	61.8	61.9	62.0	62.1	62.2	62.3	62.4	62.5	62.6	62.7	62.8	62.9	63.0	63.1	63.2	63.3	63.4	63.5	63.6	63.7	63.8	63.9	64.0	64.1	64.2	64.3	64.4	64.5	64.6	64.7	64.8	64.9	65.0	65.1	65.2	65.3	65.4	65.5	65.6	65.7	65.8	65.9	66.0	66.1	66.2	66.3	66.4	66.5	66.6	66.7	66.8	66.9	67.0	67.1	67.2	67.3	67.4	67.5	67.6	67.7	67.8	67.9	68.0	68.1	68.2	68.3	68.4	68.5	68.6	68.7	68.8	68.9	69.0	69.1	69.2	69.3	69.4	69.5	69.6	69.7	69.8	69.9	70.0	70.1	70.2	70.3	70.4	70.5	70.6	70.7	70.8	70.9	71.0	71.1	71.2	71.3	71.4	71.5	71.6	71.7	71.8	71.9	72.0	72.1	72.2	72.3	72.4	72.5	72.6	72.7	72.8	72.9	73.0	73.1	73.2	73.3	73.4	73.5	73.6	73.7	73.8	73.9	74.0	74.1	74.2	74.3	74.4	74.5	74.6	74.7	74.8	74.9	75.0	75.1	75.2	75.3	75.4	75.5	75.6	75.7	75.8	75.9	76.0	76.1	76.2	76.3	76.4	76.5	76.6	76.7	76.8	76.9	77.0	77.1	77.2	77.3	77.4	77.5	77.6	77.7	77.8	77.9	78.0	78.1	78.2	78.3	78.4	78.5	78.6	78.7	78.8	78.9	79.0	79.1	79.2	79.3	79.4	79.5	79.6	79.7	79.8	79.9	80.0	80.1	80.2	80.3	80.4	80.5	80.6	80.7	80.8	80.9	81.0	81.1	81.2	81.3	81.4	81.5	81.6	81.7	81.8	81.9	82.0	82.1	82.2	82.3	82.4	82.5	82.6	82.7	82.8	82.9	83.0	83.1	83.2	83.3	83.4	83.5	83.6	83.7	83.8	83.9	84.0	84.1	84.2	84.3	84.4	84.5	84.6	84.7	84.8	84.9	85.0	85.1	85.2	85.3	85.4	85.5	85.6	85.7	85.8	85.9	86.0	86.1	86.2	86.3	86.4	86.5	86.6	86.7	86.8	86.9	87.0	87.1	87.2	87.3	87.4	87.5	87.6	87.7	87.8	87.9	88.0	88.1	88.2	88.3	88.4	88.5	88.6	88.7	88.8	88.9	89.0	89.1	89.2	89.3	89.4	89.5	89.6	89.7	89.8	89.9	90.0	90.1	90.2	90.3	90.4	90.5	90.6	90.7	90.8	90.9	91.0	91.1	91.2	91.3	91.4	91.5	91.6	91.7	91.8	91.9	92.0	92.1	92.2	92.3	92.4	92.5	92.6	92.7	92.8	92.9	93.0	93.1	93.2	93.3	93.4	93.5	93.6	93.7	93.8	93.9	94.0	94.1	94.2	94.3	94.4	94.5	94.6	94.7	94.8	94.9	95.0	95.1	95.2	95.3	95.4	95.5	95.6	95.7	95.8	95.9	96.0	96.1	96.2	96.3	96.4	96.5	96.6	96.7	96.8	96.9	97.0	97.1	97.2	97.3	97.4	97.5	97.6	97.7	97.8	97.9	98.0	98.1	98.2	98.3	98.4	98.5	98.6	98.7	98.8	98.9	99.0	99.1	99.2	99.3	99.4	99.5	99.6	99.7	99.8	99.9	100.0	100.1	100.2	100.3	100.4	100.5	100.6	100.7	100.8	100.9	101.0	101.1	101.2	101.3	101.4	101.5	101.6	101.7	101.8	101.9	102.0	102.1	102.2	102.3	102.4	102.5	102.6	102.7	102.8	102.9	103.0	103.1	103.2	103.3	103.4	103.5	103.6	103.7	103.8	103.9	104.0	104.1	104.2	104.3	104.4	104.5	104.6	104.7	104.8	104.9	105.0	105.1	105.2	105.3	105.4	105.5	105.6	105.7	105.8	105.9	106.0	106.1	106.2	106.3	106.4	106.5	106.6	106.7	106.8	106.9	107.0	107.1	107.2	107.3	107.4	107.5	107.6	107.7	107.8	107.9	108.0	108.1	108.2	108.3	108.4	108.5	108.6	108.7	108.8	108.9	109.0	109.1	109.2	109.3	109.4	109.5	109.6	109.7	109.8	109.9	110.0	110.1	110.2	110.3	110.4	110.5	110.6	110.7	110.8	110.9	111.0	111.1	111.2	111.3	111.4	111.5	111.6	111.7	111.8	111.9	112.0	112.1	112.2	112.3	112.4	112.5	112.6	112.7	112.8	112.9	113.0	113.1	113.2	113.3	113.4	113.5	113.6	113.7	113.8	113.9	114.0	114.1	114.2	114.3	114.4	114.5	114.6	114.7	114.8	114.9	115.0	115.1	115.2	115.3	115.4	115.5	115.6	115.7	115.8	115.9	116.0	116.1	116.2	116.3	116.4	116.5	116.6	116.7	116.8	116.9	117.0	117.1	117.2	117.3	117.4	117.5	117.6	117.7	117.8	117.9	118.0	118.1	118.2	118.3	118.4	118.5	118.6	118.7	118.8	118.9	119.0	119.1	119.2	119.3	119.4	119.5	119.6	119.7	119.8	119.9	120.0	120.1	120.2	120.3	120.4	120.5	120.6	120.7	120.8	120.9	121.0	121.1	121.2	121.3	121.4	121.5	121.6	121.7	121.8	121.9	122.0	122.1	122.2	122.3	122.4	122.5	122.6	122.7	122.8	122.9	123.0	123.1	123.2	123.3	123.4	123.5	123.6	123.7	123.8	123.9	124.0	124.1	124.2	124.3	124.4	124.5	124.6	124.7	124.8	124.9	125.0	125.1	125.2	125.3	125.4	125.5	125.6	125.7	125.8	125.9	126.0	126.1	126.2	126.3	126.4	126.5	126.6	126.7	126.8	126.9	127.0	127.1	127.2	127.3	127.4	127.5	127.6	127.7	127.8	127.9	128.0	128.1	128.2	128.3	128.4	128.5	128.6	128.7	128.8	128.9	129.0	129.1	129.2	129.3	129.4	129.5	129.6	129.7	129.8	129.9	130.0	130.1	130.2	130.3	130.4	130.5	130.6	130.7	130.8	130.9	131.0	131.1	131.2	131.3	131.4	131.5	131.6	131.7	131.8	131.9	132.0	132.1	132.2	132.3	132.4	132.5	132.6	132.7	132.8	132.9	133.0	133.1	133.2	133.3	133.4	133.5	133.6	133.7	133.8	133.9	134.0	134.1	134.2	134.3	134.4	134.5	134.6	134.7	134.8	134.9	135.0	135.1	135.2	135.3	135.4	135.5	135.6	135.7	135.8	135.9	136.0	136.1	136.2	136.3	136.4	136.5</

