

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 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	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"	1
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		small frontal hemorrhage, grade3 spleen laceration.; This study is being ordered for trauma or injury.; 10/11/2018; There has been treatment or conservative therapy.; Rt frontal small extraaxial hemorrhage with hemorrhagic contusion in the rt frontal lobe.; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient presented to clinic on 10/22/18 with c/o migraine headache, duration of 6 days at that time. Has them about 4 times per month, averages a 7 out of 10 on pain scale, for 1.5 years. No known triggers, no auras, not related to menstrual cycle. Doe; 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		She has had chronic migraines. She wears tinted glasses at all times due to light sensitivity. She reports that she has a "regular" headache approximately once a week. She reports that she has light sensitivity, nausea and vomiting; 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		This 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
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.	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 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
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is 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	Approval	70450 Computed tomography, head or brain; without contrast material		Headache, vomiting, possible contusion, possible concussion.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		HEADACHE; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		Pt is now under the care of a neurologist. Original imaging was on 5/22/18. Neurologist wanted MRI and CT in a few months before he consider 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.; Accidental finding on sinus ct 05/18. Previous study on 5/22/18 showed a bone lesion. Follow up recommended.; There has not been any treatment or conservative therapy.; Pain on left side of face, eye, upper cheek, and temple 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
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.	3
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.	2

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 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
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 does NOT have 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	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
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Abnormal ultrasound showing Some scattered nodes present with mildly prominent jugulodigastric&#x0D; nodes could be reactive. They are recommending a CT soft tissue neck for this.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Pt has had mass on back of neck, ultrasound completed and suggested to have neck CT completed for further evaluation.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		small frontal hemorrhage, grade3 spleen laceration.; This study is being ordered for trauma or injury.; 10/11/2018; There has been treatment or conservative therapy.; Rt frontal small extraaxial hemorrhage with hemorrhagic contusion in the rt frontal lobe.; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		blurred vision headache 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt has hearing loss, left assymetrical loss, vertigo and tinnitus.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt is now under the care of a neurologist. Original imaging was on 5/22/18. Neurologist wanted MRI and CT in a few months before he consider 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.; Accidental finding on sinus ct 05/18. Previous study on 5/22/18 showed a bone lesion. Follow up recommended.; There has not been any treatment or conservative therapy.; Pain on left side of face, eye, upper cheek, and temple 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
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 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 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 stroke or TIA (transient ischemic attack).	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		"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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality 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		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	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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		hx 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 speciality 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		No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is beign 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	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 NOT being requested 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
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 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
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 Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	3
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 a tumor.	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; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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

Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		pt is having a lot 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.; 9/24/18; There has been treatment or conservative therapy.; mid back and neck pain, wake up through the night with pain radiates to arm unable to lift arm w/o pain . previous MRI shows bulging disc.; 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	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
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.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.; yes, there are documented clinical findings of Multiple sclerosis.	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.	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; 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
Advanced Practice Registered Nurse	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; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		swelling and mass lump with pain; This is a request for a thoracic spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	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 asymmetric reflexes.	1
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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 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		bypass; 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		lumbar radiculopathy. x-ray indicated degenerative disc disease; The 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
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; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Patient is currently undergoing chemotherapy and it is restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.	3
Advanced Practice Registered Nurse	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	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 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
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	1
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; PAIN 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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/01/2018; There has been treatment or conservative therapy.; difficult of walking unable to move her neck; medication and chiropractic'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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		She has had chronic migraines. She wears tinted glasses at all times due to light sensitivity. She reports that she has a "regular" headache approximately once a week. She reports that she has light sensitivity, nausea and vomiting; 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	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.	9
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; 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
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Xray done has bone spurs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Neck pain -numbness tingling both arm and L leg - PT made worse-; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 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
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.; 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
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 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
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 does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	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	5
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	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 Neurological deficit(s)	12
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.; pain radiating down right leg and cause numbness and tingling, having problems getting out of bed; The patient does not have new signs or symptoms of 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; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	Illness: Cynthia R Bernard is a 59 y.o. year old female patient. The patient has had bilateral femoral neck fractures. The left was 1st in 1998 her right 2004. These were treated with screws fixation. She has osteoporosis and is being treated for this; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "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."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	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	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.; Stroke; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
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.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg to drag and become weaker; 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle weakness and numbness right hip and 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; PAIN 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/01/2018; There has been treatment or conservative therapy.; difficult of walking unable to move her neck; medication and chiropractic'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
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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lower back pain radiating to the 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
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Rx medication back pain MVA in 2004; 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	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)		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.;" Severe Right Shoulder pain for 2 weeks. Had previously been pulling on a trailer no specific injury. Decreased range of motion, tenderness, bony tenderness, pain, decreased strength. Has seen a chiropractor, had xrays. Pain in increasing. Taking Ibuprofen	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.; It is not known if the patient has completed and failed a course of conservative treatment.; RIGHT PERSISTANT SHOULDER PAIN, right shoulder pain has not resolved, having pain in upper arm, just below shoulder joint and having pain if she tries to lift her arm above her head. Cannot use her arm d/t the pain. &#x0D; REPORTS: Taking Ibuprofen for shoulde	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.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Advanced Practice Registered Nurse	Approval	73221 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)		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
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 is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The plain films were normal.; pt may have rotator cuff tear; The patient had a recent CT of the shoulder.; The shoulder CT was abnormal	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		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) 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.; This study is being ordered for 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.	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 ordering physician is not an orthopedist.; This study is being ordered for 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
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.; This study is being ordered for 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 normal.; The ordering physician is not an orthopedist.; This study is being ordered for 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.; ; This study is being ordered for 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 lower extremity MRI; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
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 a pre-operative study for planned surgery.	1
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 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
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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 not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Approval	72148 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
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	16
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The symptom keeping her from doing her job.; 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		This patient has been seen multiple times for severe back pain. He came back in on 9/27/18 after being seen @ the ER. He went to the ER because he was attempting at home exercises and he was in too much pain. CT Scan was done @ the ER which showed L5 pars; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Approval	72148 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



Advanced Practice Registered Nurse	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 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
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."; Chronic and severe shoulder pain that has worsened with treatment. Mobility of L shoulder is limited - patient cannot lift shoulder above his head. Pain is worsening as time goes.	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."; pt has continuing right shoulder pain with limited range of motion due to pain, pt has tried physical therapy with no relief and has also recieved injection to shoulder with little relief, pt has had oral pain medications and anti-inflammatory drugs witho	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Kidney; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		Pt suffers with abdominal pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	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.; 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	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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are 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	74176 Computed tomography, abdomen and pelvis; without contrast material		Abdominal pain, colicky. Chronic diarrhea and weight loss. Has increased diet and still cannot gain weight. Stool studies pending. BMI 17.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		hx 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	74176 Computed tomography, abdomen and pelvis; without contrast material		Pain is getting severely worse. Along with menstrual cycle; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	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

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.; S/P fail	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 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
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 has a documented limitation of their range of motion.	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.; This study is being ordered for 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.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion	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.; This study is being ordered for Non-acute Chronic Pain; Locking	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.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if surgery is planned.	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.; This study is being ordered for 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.	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.; This study is being ordered for 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
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.; This study is being ordered for 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.; This study is being ordered for 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.; This study is being ordered for 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.; This study is being ordered for None of the above; 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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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, 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
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.; This study is being ordered for 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
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.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Yes, there is a known trauma involving the knee.; Instability; 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 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient is currently undergoing chemotherapy and it is restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 a 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 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
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 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	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
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	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 being 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	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.; 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
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		Trying to RO osteomyelitis; 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 oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has been seen several times for continued abd pain. His pain is generalized and is worse in RUQ at times, and is present sometimes after eating meals. He describes the pain as "sharp, aching pressure." Epigastric pain resolves when taking pantopra; 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
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	74176 Computed tomography, abdomen and pelvis; without contrast material			1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Abnormal Ultrasound showing multiple masses and recommending a CT with hemangioma protocol to further 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 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		also Ketones, glucose trace of protein- r/o Kidney stones.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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	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 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	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.; 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	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.;" there is a heterogeneous indeterminate density right adrenal mass measuring up to 4.0 cm. there has been interval increase in size of the hematoma in the left rectus abdominus, which now measures up to approximately 3cm thick (previously 2.4cm thick) ther	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 for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Advanced Practice Registered Nurse	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
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		metastatic breast cancer, restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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
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 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.	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 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
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 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; 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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		ONGOING 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pt had ultrasound on 09/26/18 , has had abdominal pain on and off for 6 mos.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		R10.9 Abdominal pain in male, &#x0D; s: normal exam--having abdominal pain and cramping&#x0D; 1. Follow Up of Abdominal pain &#x0D; Onset: 2 Days. The location is midline. The quality of the pain is achy. The patient denies relieving factors.Abdomen&#x0D; *&#x0D; Auscultation ; This is a request for an abdomen-pelvis CT combination.; This study is being 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
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 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	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 a 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 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
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 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
Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; 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
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary		1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	family history of aneurysm and worsening headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient 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
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	headaches wake patient up in middle of night happens 4-5 times a week; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described 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	Patient experiencing frequent recurrent headaches and 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
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.	3
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.	4
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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/1/2018; There has been treatment or conservative therapy.; hbp, chest pain, and pressure in neck; long term 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	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 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
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	mental status change; 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 stroke or TIA (transient ischemic attack);. This study is NOT being ordered as a 12 month annual follow up.	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 know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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
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 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	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.; This study is being 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
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	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.; This study is being 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

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 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
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 abnormal.; Yes this is a request for a Diagnostic CT	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	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	4
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	5
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain 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	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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient had a recent imaging that states needs follow up CT to check status of nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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	unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	MASS; 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
Advanced Practice Registered Nurse	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.; Unknown; There has been treatment or conservative therapy.; Lumbar spine disc disease, cervical spine disc disease, chronic neck pain, chronic 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 speciality 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	Chronic neck pain: Unchanged, states the pain radiates into the hands / fingers. She is going to pain management. She reports hand shaking which has been worsening over the past several months. Has been having numbness of both hands as well.; 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
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	Patient complaints of headaches and neck pain that has been going on for 3 weeks. Patient has had cervical x-ray done; 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
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; 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
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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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.; unknown	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.; &t;Enter Additional Clinical Information&t;	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 a neurological disorder.; 3/22/2018; There has been treatment or conservative therapy.; neck pain sharp and burning and radiating to bilateral upper extremities, lumbar is sharp stabbing pain with radiation to lower extremities; failed home exercise, failed nsaid, unable to attend PT due to the pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	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 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
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	2
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.;" IMPRESSION:&#x0D; 1. Hepatic steatosis.&#x0D; 2. Ovoid hypochoic area at the central liver near the porta hepatis&#x0D; that measures 2 x 1.2 x 2.3 cm in size. Focal fatty sparing is&#x0D; favored, however, underlying liver mass/neoplasm cannot be ruled out&#x0D; by ultrasound.	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	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
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 subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have 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
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		Assess left ventricular function, SICKLE CELL DISEASE; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	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 does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	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	It is not known if the patient has any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	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	pt is having a lot 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.; 9/24/18; There has been treatment or conservative therapy.; mid back and neck pain, wake up through the night with pain radiates to arm unable to lift arm w/o pain . previous MRI shows bulging disc.; 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	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This patient is having continued mid thoracic back pain with worsening symptoms. The pain radiates to both of his hips. He has spasms and has trouble getting comfortable. He states that sitting and standing makes the pain worse. He has tried heat, tylenol; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; abd. pain, back pain; insaids, pt and 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
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 has had an abnormal MRI before. Neurosurgery needs an updated MRI for further evaluation.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is unable to complete at home physical therapy because of the pain and swelling in his back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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 is having severe back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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 patient abnormal urine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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.; 3/22/2018; There has been treatment or conservative therapy.; neck pain sharp and burning and radiating to bilateral upper extremities, lumbar is sharp stabbing pain with radiation to lower extremities; failed home exercise, failed nsaid, unable to attend PT due to the pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	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 metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 12/1/18; There has been treatment or conservative therapy.; abdomen distention, mass you can feel, severe kidney pain; antibiotics and gerds 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	had left shoulder xray last yr showed acromioclavicular arthrosis ,order mri last year claudfobic wanted open mri; 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

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.; 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.; x-ray negative	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 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
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 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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
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.	2
Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt. has blurred vision sensitivity to light nausea; 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	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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/1/2018; There has been treatment or conservative therapy.; hbp, chest pain, and pressure in neck; long term 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/22/18; There has not been any treatment or conservative therapy.; OFF BALANCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Cyst of ovary, unspecified side ovarian cyst; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2 months with frequent lower abd pain and bloating with discomfort, different than previous RLQ and LLQ abd pain, some pressure/feeling like needs to have a BM but doesn't really need to. Abdominal distention; This is 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
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient came to clinic with complaints of severe lower abdominal pain. Patient states that the pain has been going on for a while. Patient had lab drawn today that came back 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
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is in extreme pain rating 10 out of 10.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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.; 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	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
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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 is experiencing 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	Headache and dizziness. Difficulty in though processes; 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
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. eye pain and redness , headache every day.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt. is fatigue, problem breathing, complains of SOB history, smoker, symptoms include constant constant 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
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	currently in pain management; This study is being ordered for trauma or injury.; 5/17/2018; There has been treatment or conservative therapy.; taken muscle relaxer, in a TLSO brace; physical therapy at least 6 weeks 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
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a car accident, hit from behind. Had therapy for at least six weeks; 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

Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical 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.; Unknown; There has been treatment or conservative therapy.; Lumbar spine disc disease, cervical spine disc disease, chronic neck pain, chronic 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
Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	currently in pain management; This study is being ordered for trauma or injury.; 5/17/2018; There has been treatment or conservative therapy.; taken muscle relaxer, in a TLSO brace; physical therapy at least 6 weeks 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
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar 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.; Unknown; There has been treatment or conservative therapy.; Lumbar spine disc disease, cervical spine disc disease, chronic neck pain, chronic 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
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; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has decreased range of motion. Severe pain with movement. Tingling, numbness down both upper extremities. The pain is causing headache. Plain films were undiagnostic. Please allow this MRI for further evaluation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 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 has neck pain for a year, left arm is tingling	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.; Abnormal X-rays.	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 patient had weak grips in bilateral hands, light touch sensation decreased in 4th-6th digits of bilateral hands. She has been taking Ibuprofen with no relief.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Upon neurological exam, patient had weak grips in 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
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 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.; Extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for a thoracic spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/22/18; There has not been any treatment or conservative therapy.; OFF BALANCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	back pain with no alleviating factors; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; home exercise and stretches for 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	degeneration of lumbar; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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 has pain to his legs and hips; 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	74176 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
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 had an amylase lab test.; The results of the lab test 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.; 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
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 are 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.; This study is being 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	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 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
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 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 12/1/18; There has been treatment or conservative therapy.; abdomen distention, mass you can feel, severe kidney pain; antibiotics and gerds 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	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
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 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.; Back pain persistent with treatment starting 1/2018	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.; 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	WILL FAX 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.; DECREASE STRENGTH TO LEFT FOOT PLANTAR SECTION 5- OUT 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
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	Xray done has bone spurs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Neck pain -numbness tingling both arm and L leg - PT made worse-; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
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.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;;	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	; 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.; This study is being ordered for 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
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	Yes, this is a request for CT Angiography of the abdominal arteries.	2
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	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	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 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
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 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
Allergy & Immunology	Disapproval	70486 Computed tomography, maxillofacial area; 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
Allergy & Immunology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	x ray ordered, stool and blood samples pending; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2018; There has not been any treatment or conservative therapy.; 34 pound weight loss in 2 weeks and 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
Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; 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 is a reason why the patient cannot undergo a thoracic spine MRI.; There are documented clinical findings of immune system suppression or AIDS.; Yes this is a request for a Diagnostic CT	1
Anesthesiology	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
Anesthesiology	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.	2
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material			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	TO INVESTIGATE PAIN IN R-ANKLE; This study is 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 FEW MONTHS; There has been treatment or conservative therapy.; SWOLLEN WARM KNOTS BEHIND R-KNEE WEARS WALKING BOOT FOR 1 WEEK STILL PAIN IN R-ANKLE PAIN SHOOTS UP RIGHT THIGH; 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	2
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	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
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has an adrenal mass, weight loss over 6 months greater than 50lbs without trying; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; abd. pain, back pain; insaids, pt and 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
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ongoing pain, negative ultrasound and neg prior pelvic exam; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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
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	2
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	8
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.; 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
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.; NECK PAIN . BURNING AND SHOOTING 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
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 NOT had back pain for over 4 weeks.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		See previous; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Back pain, leg and feet pain, decreased sensation to left upper extremity and bilateral lower extremities, positive bilateral clonus and positive Hoffman, and hyperreflexia.; Medications trials:&#x0D; moxic&#x0D; Diclofenac&#x0D; Gabapentin&#x0D; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Anesthesiology	Approval	72141 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.	8
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.	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; 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.	11
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.	23
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		See previous; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Back pain, leg and feet pain, decreased sensation to left upper extremity and bilateral lower extremities, positive bilateral clonus and positive Hoffman, and hyperreflexia.; Medications trials:&#x0D; moxic&#x0D; Diclofenac&#x0D; Gabapentin&#x0D; 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		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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		. The pain is radiating to the left leg. Since this time the pain has worsened. On an average day, the pain is rated at 8/10 on the NRS. At its best it is rated 5/10 and at its worst it is 10/10. The pain is described as burning, pricking, numbing, 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
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 oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient has failed conservative treatment (drug therapy, activity modifications, and physical therapy at least since 06/14/18	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 none of the above	2
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		complaining of more numbness and tingling in her left hand and previously. She is also having more pain in her left lower extremity. She is also having issues with her bladder; This study is 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 and pain involving her left side from her thorax down to her foot. The pain began 7 years ago without trauma. The pain is radiates throughout her left side. Since this time the pain has worsened; Patient has had PT in the past; Epidural injections/trigger point injections in the past; history of cervical fusion at C5-6, C6-7; currently taking pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1



Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Evaluating for ESI or MBB.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Gabapentin&#x0D; Keppra&#x0D; Hydrocodone&#x0D; Tylenol&#x0D; Ibuprofen	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MRI of the lumbar spine 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 formulating a treat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Loss of strength. &#x0D; Inspection of the lumbar spine reveals scoliosis. Palpation of the lumbar facet reveals right sided pain at L3-S1. ROM of lumbar spine is noted to be Limited and Painful (Including extension, lateral flexion). Extension of lumbar spin; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		No clinical 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has history of lumbar surgery. Is now having pain in area which radiates to his lower extremities. Patient is experiencing limited motion (extension and flexion) which causes 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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2
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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
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 does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	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 Neurological deficit(s)	1
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
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; 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

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.; The patient has acute or chronic back pain.; The patient has none of the above	2
Anesthesiology	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
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.	3
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 patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	1
Anesthesiology	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.	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 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
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 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
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.; It is unknown if the patient had an Amylase or Lipase lab test.; 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.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 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
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.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 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	5
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	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.; It is not known if a pelvic exam was 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.; This study is being requested for abdominal and/or pelvic pain.; The study 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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

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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request 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
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
Advanced Practice Registered Nurse	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	xray of chest recommended ct to be done for further characterization of results.; 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
Allergy & Immunology	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
Allergy & Immunology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	x ray ordered, stool and blood samples pending; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2018; There has not been any treatment or conservative therapy.; 34 pound weight loss in 2 weeks and 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
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 immune-compromised.; 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 immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	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
Allergy & Immunology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	x ray ordered, stool and blood samples pending; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2018; There has not been any treatment or conservative therapy.; 34 pound weight loss in 2 weeks and 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
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	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
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 Abnormal gait.	1
Anesthesiology	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
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	4

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 not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			7
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.; ; 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		complaining of more numbness and tingling in her left hand and previously. She is also having more pain in her left lower extremity. She is also having issues with her bladder; This study is 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 and pain involving her left side from her thorax down to her foot. The pain began 7 years ago without trauma. The pain is radiates throughout her left side. Since this time the pain has worsened; Patient has had PT in the past; Epidural injections/trigger point injections in the past; history of cervical fusion at C5-6, C6-7; currently taking pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		evaluation and management of neck pain who was referred from Dr. Smith. Pain started 3 years ago and is located in neck and radiates down the bilateral shoulders down the arms dorsally and into all of the fingers and sometimes radiates up the head to her ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left weakness on the whole body. + numbness/ tingling in LUE anterior arm into the whole 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		He reports pain in the entire body but his worst pain is in the neck and radiates into the right shoulder and in the low back and radiates down the right leg; This study is 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 notes that he has had pain since the 3rd grade.; There has been treatment or conservative therapy.; He reports pain in the entire body but his worst pain is in the neck and radiates into the right shoulder and in the low back and radiates down the right leg.; Patient states he has had physical therapy, chiropractic care, medications, spine surgery, 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
Anesthesiology	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.; 06/22/2018; There has been treatment or conservative therapy.; Pain that radiates and leg pain, muscle weakness; 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient having bilateral shoulder pain for past 6months, no injuries, just pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more then once for these symptoms.	1

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		RIGHT UPPER EXTREMITY RADIULOPATHY WITH NUMBNESS ANDE TINGLING DOWN THE UPPER RIGHT UPPER EXTREMITY; This is a request for 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 RAISING HER RIGHT ARM. RECOGNIZABLE AND NOTICELABLE WEAKNESS TO TRICEPS EXTENSION ON THE RIGHT UPPER EXTREMITY. SOME PAIN WITH RESISTANCE TO ABDUCTION. TENDERNESS TO PALPATION OVER LOWER SEGMENTS AND LUMBAR SPINE.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	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?	9
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.	4
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			3
Anesthesiology	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.; 06/22/2018; There has been treatment or conservative therapy.; Pain that radiates and leg pain, muscle weaknes; 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	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 for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Anesthesiology	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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Injections and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-26-2018; There has been treatment or conservative therapy.; sharp aching pain numbness and weakness in one side of arm; P/T and Chiropractice with no relief 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 speciality 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.; 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	Recommend MRI of the (cervical/thoracic) 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 f; 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 been experiencing this pain for the last several months. She reports onset of pain gradually over time . The patient describes her pain as constant with intermittent flare ups. The pain is aching. The pain radiates to the back. The patient has failed a course of anti-inflammatory medication or steroids.; 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; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had 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 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
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; 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. &#x26; 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; 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	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; 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	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.; 8/10/2018; There has been treatment or conservative therapy.; Pain, Burning, Aching, Tingling, Numbness; Describe treatment / conservative therapy here -NSAIDs, Chiropractic Care, Stretching/Exercise, Massage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&#x26; Enter answer here - or Type In Unknown If No Info Given. &#x26;; This study is 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 been treatment or conservative therapy.; pain; kyphoplasty, Taking steroids, nsaid, pain meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the thoracic spine 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 formulating a treatment plan; 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

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	pain management MD wants to perform cervical spine epidural injections to reduce the pain medications, and cannot do the procedure until the patient has the MRI of the lumbar, thoracic, and cervical; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 16, 2017; There has been treatment or conservative therapy.; chronic neck pain, lumbar degenerative disease, guarded movement, fibromyalgia, chronic low back pain, degenerative joint/hip disease, sharp pain radiating down both legs, lumbar spine sclerosis, lumbar spine tenderness, limited lateral on the right side.; pain medication and ten units to stop 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
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS FALLEN SEVERAL TIMES SINCE HER TOES HAVE BEEN AMPUTATED. SHE HAS CHRONIC LUMBOSACRAL RADICULOPATHY; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; A LOT OF PAID BELOW THE RIBCAGE AND BILATERAL FLANK PAID WITH BENDING OVER. UNABLE TO BEND OVER AT HER LUMBAR SPINE DUE TO FORAMINAL 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
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 (cervical/thoracic) 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 f; 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.	1
Anesthesiology	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.; 8/10/2018; There has been treatment or conservative therapy.; Pain, Burning, Aching, Tingling, Numbness; Describe treatment / conservative therapy here -NSAIDs, Chiropractic Care, Stretching/Exercise, Massage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Injections and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-26-2018; There has been treatment or conservative therapy.; sharp aching pain numbness and weakness in one side of arm; P/T and Chiropractic with no relief 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
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	LAST MRI WAS PERFORMED IN 2016; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2018 PATIENT STARTED HAVING EXACERBATION. HE HAD AN ACCIDENT AT AGE 16 THAT CAUSED CHRONIC LOW BACK PAIN; There has been treatment or conservative therapy.; MUSCLE SPASMS, LOW BACK PAIN FROM LEG TO HEEL WITH BALL OF HIS FOOT BEING TENDER, WEAKNESS, RADICULOPATHY, SPONDYLOSIS, BILATERAL LEG PAIN.; PATIENT HAD PHYSICAL THERAPY FROM 10/23/18-11/27/18 ALONG WITH HOME EXERCISES. PATIENT HAS BEEN ON PAIN MEDICATION SINCE 09/2018.; 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
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 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 formulating a treatment p; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back pain is worsening, radiating down legs. He has tried 6 weeks of PT and NSAIDS and is still having back pain. The patient was unable to do heel walk.&#x0D; The patient was unable to do toe walk. Reports trouble concentrating.&#x0D; headache, loss of strength, p; 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain management MD wants to perform cervical spine epidural injections to reduce the pain medications, and cannot do the procedure until the patient has the MRI of the lumbar, thoracic, and cervical; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 16, 2017; There has been treatment or conservative therapy.; chronic neck pain, lumbar degenerative disease, guarded movement, fibromyalgia, chronic low back pain, degenerative joint/hip disease, sharp pain radiating down both legs, lumbar spine sclerosis, lumbar spine tenderness, limited lateral on the right side., pain medication and ten units to stop 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS FALLEN SEVERAL TIMES SINCE HER TOES HAVE BEEN AMPUTATED. SHE HAS CHRONIC LUMBOSACRAL RADICULOPATHY; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; A LOT OF PAID BELOW THE RIBCAGE AND BILATERAL FLANK PAID WITH BENDING OVER. UNABLE TO BEND OVER AT HER LUMBAR SPINE DUE TO FORAMINAL 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiating pain to LE. Limb pain on walking. Patient reports gait disturbance. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpation of the bilateral sacroiliac joint area reveals right and left sided pain. ROM of lumbar s; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Radiating pain to LE. Limb pain on walking. Patient reports gait disturbance. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpation of the bilateral sacroiliac joint area reveals right and left sided pain. ROM of lumbar s; 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	Spondylolisthesis, lumbar region Other cervical disc degeneration, mid-cervical region, unspecified level Other intervertebral disc degeneration, lumbar region Cervicalgia Low 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.; March 30, 2018; There has been treatment or conservative therapy.; Cluster Headaches; Pain Management Injections Cervical Spine MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 complains of pain in the BACK, NECK, . The patient has been experiencing this pain for the last&#x0D; several months. She reports onset of pain gradually over time . The pain is aching, dull, hot-burning, numbing,&#x0D; pins and needle, shooting, throbb; The study requested 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, neck pain, shoulder pain, back pain, joint pain, joint stiffness and night cramps.Reports history of fractures in the past. Reports trouble concentrating, headache, loss of strength and numbness. The pa; The patient does not have new signs or symptoms of 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	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.; 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
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	2
Anesthesiology	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 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
Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No relief from shoulder joint injection, continued pain and decreased ROM. Shoulder x-ray negative. MRI to evaluate if surgical consult is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/2017; There has been treatment or conservative therapy.; aching, sharp pain. decreased ROM; Medication: Opiates, Baclofen, Gabapentin&#x0D; &#x0D; Shoulder Joint Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Anesthesiology	Disapproval	74176 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
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient is a 52-year-old gentleman with a occlusion of his right internal carotid artery seen by ultrasound. Clearly a CT angiogram would be more definitive ensuring that this artery is occluded. He states that he underwent a CT scan in source he Arkans; 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		TIA symptoms; This study is being ordered for a neurological disorder.; 11/04/2018; There has not been any treatment or conservative therapy.; vision loss, hallucinations, and 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
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	2
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	1
Cardiac Surgery	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
Cardiac Surgery	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	2
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Patient is needing test and is being evaluated for surgery for her Mediastinal mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	known 5.1cm descending 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
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 being ordered for Vascular Disease.; 10/16/18; There has not been any treatment or conservative therapy.; sudden onset 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
Cardiac Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		1
Cardiac Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	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)	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/12/18; There has not been any treatment or conservative therapy.; chest pain, issues breathing, echo showed mild left atrial enlargement, unable to measure pulmonary artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pre-surgical evaluation.; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	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.	3
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 patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1
Anesthesiology	Approval	72146 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
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.; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		20

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.; ; 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		As previously stated, patient has some hyperreflexia and some clonus on exam.; 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.; Patient has some hyperreflexia and some clonus on exam.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		He reports pain in the entire body but his worst pain is in the neck and radiates into the right shoulder and in the low back and radiates down the right leg; This study is 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 notes that he has had pain since the 3rd grade.; There has been treatment or conservative therapy.; He reports pain in the entire body but his worst pain is in the neck and radiates into the right shoulder and in the low back and radiates down the right leg.; Patient states he has had physical therapy, chiropractic care, medications, spine surgery, 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
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)		Abnormal Stress Echo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The 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
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 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
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).; 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.	2
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 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.	2
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; 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
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

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pain is in the low And mid back pain with radiation into RLE occasionally down the left but not that often. Sometimes pain goes down to the foot but mostly just down to the knee. He has some numbness/tingling left lateral thigh and bilateral feet. Pai; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has been seen multiple times and pain in l spine and lower extremities is worsening. Need MRI to eval and treat properly.; The study requested 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 also recently seen her PCP who is ordering a bone density test as she has weakening of her bones.&#x0D; Palpation of lumbar facet reveals pain on both the sides at L3-S1 region. Palpation of the b/l sacroiliac joint area reveals right and left side; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient has numbness, tingling, weakness in legs, balance trouble and falls, previous lumbar spine surgery and has not had any imaging since her original spine surgery in 2001. Based on MRI results, doctor may consider lumbar epidural steroid injections; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs, buckling and causes fall; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient completed 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
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 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
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 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.	3
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 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 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.	10
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 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
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 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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
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.	3

Cardiac 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	1
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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
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 '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
Cardiac 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
Cardiac Surgery	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	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 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
Cardiac Surgery	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.	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.	2
Cardiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		patient is complaining of chronic cough and has a history of throat cancer; 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			1
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		HISTORY OF TIA, CAROTID AND PERIPHERAL ARTERY DISEASE; 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		Pt has severe headache with Obstruction of carotid artery. pt has had possible TIA or CVA; This study is being ordered for Vascular Disease.; long history of carotid disease Pt has had prior carotidendartectomy in the past and pt has severe head pain and Obstruction of carotid arteries; There has been treatment or conservative therapy.; Pt has severe headache with Obstruction of carotid artery. pt has had possible TIA or CVA; Pt has had prior carotidendartectomy in the past and pt has severe head pain and Obstruction of carotid arteries. Has CAD and is on anticoagulants.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
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	2
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	2
Cardiology	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
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 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		patient is complaining of chronic cough and has a history of throat cancer; 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			3
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; 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		; This study is 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.; Syncope&#x0D; fatigue&#x0D; chest pain&#x0D; dizziness&#x0D; shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	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 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 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
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Evaluation of thoracic aortic aneurysm (without rupture) seen on echocardiogram dated 9/24/2018.; 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		F/U aortic aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2018; There has been treatment or conservative therapy.; SOB Known CAD S/P pci diabetes hyperlipidemia; Echocardiogram EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Follow-up scan for known thoracic aortic aneurysm, without rupture. Previous scans in 2015 and 2017.; 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		KNOWN 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		mildly dilated aortic root, mild dilation of all cardiac chambers; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient has a known ascending thoracic aortic aneurysm, last measured 4.7cm in 2014. This scan will be for new measurements.; 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		Pre-Ablation testing; 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		pt has AAA last CTA was 4-5 years ago. Need follow up.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There is moderate to severe fibrocalcific degeneration of the prosthetic aortic valve with evidence of severe stenosis.; There is mild perivalvular leak.; Bio prosthetic transvalvular gradient is 45mmHg.; AV area 0.86cm2; This study is 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.; Perivalvular leak repair 08/18; Anti-coagulation therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	48
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		; This is a request for an MR Angiogram of the chest or thorax	1
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		aneurysm 5.3 cm in May 2018 and waiting for 5.5 cm before surgery so they are just watching it; This is a request for an MR Angiogram of the chest or thorax	1
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.	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 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	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing			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.; Unknown; There has not been any treatment or conservative therapy.; Syncope; fatigue; chest pain; dizziness; shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		IMPRESSION AND PLAN; Severe aortic stenosis; patient meets severe criteria based on echo and is symptomatic, however, her surgical risk is currently unknown and questionable given her age and lack of PMH. Will proceed with TAVR work up including PFS and C; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There is moderate to severe fibrocalcific degeneration of the prosthetic aortic valve with evidence of severe stenosis.; There is mild perivalvular leak.; Bio prosthetic transvalvular gradient is 45mmHg.; AV area 0.86cm2; This study is 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.; Perivalvular leak repair 08/18; Anti-coagulation therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	9

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		None; This study is being ordered for Congenital Anomaly.; 01/26/2011; There has not been any treatment or conservative therapy.; F/u congenital 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	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		UNKNOWN; This study is being ordered for Congenital Anomaly.; 01/22/2018; There has not been any treatment or conservative therapy.; COGENITAL AORTIC STINOSIS, ASCENDING AORTA DILATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 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)		none; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; CP shortness of breath, fatigue, Dizzy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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?; No, patient does not have new onset congestive heart failure.; &lt;Additional Clinical Information&gt;; Yes, there is Chronic Chest Pain.	3
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.; n/a; 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 leg swelling and hyperlipidemia. Recently pt c/o CP that is substernal in nature.; 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 having chest pain and shortness of breath. Nausea is common but diaphoresis and vomiting are not always noted. Sometimes it occurs at night, but it is most often in the waking hours brought on by exertion or stress but may occur at rest. Palpitations ; 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 worsening chest pain and dyspnea on exertion. Pt has hx of HTN, Hyperlipidemia, strong family hx of CAD, and hx of DVT. Provider requesting CTA heart and arteries as pt is on anticoagulant therefore needs less invasive evaluation of CAD symptoms.; 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.	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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	75574 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	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.; &lt;Additional Clinical Information&gt;	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.; None of the above.; He had an ECHO / DOPPLER that showed NORMAL LV and RV function. Normal Right Heart Pressures but showed "moderate pulmonary insufficiency" but RVSP was estimated at 26mm Hg.	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 noncardiac surgical procedure.; ongoing for couple of yrs, echo has low normal lv systolic function of 50 %, trace mitral and tricuspid regurgitation, mod. elevation in rv systolic at 48 mmhg	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 noncardiac surgical procedure.; the chronic systolic heart failure, ACC/AHA stage C likely ischemic. The systolic dysfunction, LVEF 35% on 8-13-18. she also has dizziness 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.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; &Additional Clinical Information&gt;	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.; cad right cad placement in may cabg x 5 in 2015 occluded left carotid, pvd left femoral popliteal bypass in 2008. hyperlipidemia, htn, a fib, and sob. some reasons of why they want to do a CTA. sob becomes dyspneic just walking up a slight incline. this i	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 .; Recurrent palpitations: He had a recent stress echo that was suboptimal secondary to inadequately visualized left ventricular wall secondary to history of pectus excavatum and surgical repair. We will arrange for coronary CTA.; 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.; None	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.;	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.; Will fax in the clinical info	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		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/18; There has not been any treatment or conservative therapy.; shortness of breath, hypertension, coronary artery 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	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.	46
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 been having symptoms of chest discomfort and shoulder discomfort over the past few months. He was recent started on Prilosec. The symptoms in his chest and abdomen seem to improve on the medication. However still having some discomfort acr; 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; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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?	17
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 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
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 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.	3
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	139
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	3
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	5
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)	13
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 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
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.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; December 28, 2015 Injections, patient is still experiencing pain did not help	1
Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			3
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 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.; &lt;Enter answer here OR type 'Unknown' if no info given.&gt;	2
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.; This study is being ordered for Non-acute Chronic Pain; 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 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
Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt reports she is getting debilitating headaches about once weekly. she reports this has been going on for the last 5 weeks. she reports she does get decreased focus. she reports the pain comes from her cervical spine and radiates to her head. she reports; 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

Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a 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	to further evaluate pathology and consider other treatment options other than medications.; This study is being ordered for trauma or injury.; 5/11/2018; There has been treatment or conservative therapy.; unknown; pain 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
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	to further evaluate pathology and consider other treatment options other than medications.; This study is being ordered for trauma or injury.; 5/11/2018; There has been treatment or conservative therapy.; unknown; pain 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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; down his arm and is numb and tingly; The patient 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	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.; Patient does have radicular cervical neck pain, ongoing for more than 1 year.Patient was referred by PCP for evaluation of chronic pain, gradually and progressively worsening, resulting in difficulty in standing / ambulation, and in completing ADL's to th	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	LAST MRI WAS PERFORMED IN 2016; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2018 PATIENT STARTED HAVING EXACERBATION. HE HAD AN ACCIDENT AT AGE 16 THAT CAUSED CHRONIC LOW BACK PAIN; There has been treatment or conservative therapy.; MUSCLE SPASMS, LOW BACK PAIN FROM LEG TO HEEL WITH BALL OF HIS FOOT BEING TENDER, WEAKNESS, RADICULOPATHY, SPONDYLOSIS, BILATERAL LEG PAIN.; PATIENT HAD PHYSICAL THERAPY FROM 10/23/18-11/27/18 ALONG WITH HOME EXERCISES. PATIENT HAS BEEN ON PAIN MEDICATION SINCE 09/2018.; 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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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&#x0D; from this study will be incorporated, in conjunction with objective findings, into the decision process in&#x0D; formulating a treatment plan for thi; 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	pain management MD wants to perform cervical spine epidural injections to reduce the pain medications, and cannot do the procedure until the patient has the MRI of the lumbar, thoracic, and cervical; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 16, 2017; There has been treatment or conservative therapy.; chronic neck pain, lumbar degenerative disease, guarded movement, fibromyalgia, chronic low back pain, degenerative joint/hip disease, sharp pain radiating down both legs, lumbar spine sclerosis, lumbar spine tenderness, limited lateral on the right side., pain medication and ten units to stop pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient 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)		; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; It is unknown if the patient has 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.	2
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has failed injection therapy and gabapentin. he reports worsening pain w/ associated numbness/tingling; 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 compared to opposite side. decreased range of motion and tender to palpation. no improvement w/ injections and minimal improvement w/ Gabapentin; The patient 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	PATIENT HAS FALLEN SEVERAL TIMES SINCE HER TOES HAVE BEEN AMPUTATED. SHE HAS CHRONIC LUMBOSACRAL RADICULOPATHY; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; A LOT OF PAID BELOW THE RIBCAGE AND BILATERAL FLANK PAID WITH BENDING OVER. UNABLE TO BEND OVER AT HER LUMBAR SPINE DUE TO FORAMINAL 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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Spondylolisthesis, lumbar region Other cervical disc degeneration, mid-cervical region, unspecified level Other intervertebral disc degeneration, lumbar region Cervicalgia Low 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.; March 30, 2018; There has been treatment or conservative therapy.; Cluster Headaches; Pain Management Injections Cervical Spine MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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

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; 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
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; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	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; 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; It is unknown if there is a 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 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 relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no 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)		; The study is being ordered for known CAD; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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)		; 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
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	LAST MRI WAS PERFORMED IN 2016; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2018 PATIENT STARTED HAVING EXACERBATION. HE HAD AN ACCIDENT AT AGE 16 THAT CAUSED CHRONIC LOW BACK PAIN; There has been treatment or conservative therapy.; MUSCLE SPASMS, LOW BACK PAIN FROM LEG TO HEEL WITH BALL OF HIS FOOT BEING TENDER, WEAKNESS, RADICULOPATHY, SPONDYLOSIS, BILATERAL LEG PAIN.; PATIENT HAD PHYSICAL THERAPY FROM 10/23/18-11/27/18 ALONG WITH HOME EXERCISES. PATIENT HAS BEEN ON PAIN MEDICATION SINCE 09/2018.; 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
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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&#x0D; from this study will be incorporated, in conjunction with objective findings, into the decision process in&#x0D; formulating a treatment plan for this; 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	MRI to need for approval of medial branch block.; 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
Anesthesiology	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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	3
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2018; There has been treatment or conservative therapy.; pain; kyphoplasty, Taking steroids, nsaid, pain meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 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	He also reports debilitating low back pain ongoing for multiple years. Patient was referred by PCP for evaluation of chronic pain, gradually and progressively worsening, resulting in difficulty in standing / ambulation, and in completing ADL's to their sa; 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	HISTORY OF LOW BACK PAIN. LUMBAR RADICULOPATHY. MID BACK PAIN. THORACIC RADICULOPATHY. THORACIC DISC PROTUSION. MYOSITIS. HAS A KNOT IN HER RIGHT LOWER BACK THAT IS VERY PAINFUL TO THE TOUCH.; The study 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	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 pain with extension and bending; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; weakness in bilateral lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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 lumbar spine 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 formulating a treat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MRI of the lumbar spine 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 formulating a treat; 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

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	See previous; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Back pain, leg and feet pain, decreased sensation to left upper extremity and bilateral lower extremities, positive bilateral clonus and positive Hoffman, and hyperreflexia.; Medications trials:&#x0D; moxic&#x0D; Diclofenac&#x0D; Gabapentin&#x0D; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has been experiencing this pain for the last several months. She reports onset of pain gradually&#x0D; over time . The patient describes her pain as constant with intermittent flare ups. The pain is aching. The pain radiates to the back. &#x0D; &#x0D; The ce; 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	5
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 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	groin pain, hip pain, lower extremity pain on the left, history of hernia repair on that side; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; neuralgia; medications, narcotics, 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
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.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days	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	The patient complains of pain of bilateral knee, lower back and hips and legs. The patient has been&#x0D; experiencing this pain for several years. She reports onset of pain was: gradual. The patient describes her pain&#x0D; as constant. The pain is aching, deep, 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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	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.; This study is being ordered for 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
Anesthesiology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	groin pain, hip pain, lower extremity pain on the left, history of hernia repair on that side; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; neuralgia; medications, narcotics, 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
Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient is a 52-year-old gentleman with a occlusion of his right internal carotid artery seen by ultrasound. Clearly a CT angiogram would be more definitive ensuring that this artery is occluded. He states that he underwent a CT scan in source he Arkans; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		TIA symptoms; This study is being ordered for a neurological disorder.; 11/04/2018; There has not been any treatment or conservative therapy.; vision loss, hallucinations, and 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
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Severe 70/80 % stenosis of the left carotid; This study is being ordered for Vascular Disease.; 10/24/2018; There has not been any treatment or conservative therapy.; Patient had TIA 10/24/2018; 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
Cardiac 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



Cardiac Surgery	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
Cardiac 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
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Patient has CABG in March 2016 a recent chest X-ray showed broken sternal wires. Patient report sternal pain keeping him awake at night; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; It is unknown if the patient has symptoms of atypical chest pain (angina) 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)		; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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).; 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)		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	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 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
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	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Post-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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
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		Anurism; 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
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient is a 50-year-old gentleman with severe aortic stenosis seen by dobutamine stress echo. The patient also is symptomatic. He will need an aortic valve replacement. Due to his young age and otherwise good health he is a candidate for open aortic v; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 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.; 9/12/18; There has not been any treatment or conservative therapy.; chest pain, issues breathing, echo showed mild left atrial enlargement, unable to measure pulmonary artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty 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)		; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	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 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)		; This is a request 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 is a request 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)		; 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.; It is not known if patient had 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
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.	8

Cardiac Surgery	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 Vascular Disease.; 10/16/18; There has not been any treatment or conservative therapy.; sudden onset 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
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.	8
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)		suspected CAD pt has exertional chest pain and SOB.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiac Surgery	Approval	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 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
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		Enter answer here - or Type In Unknown If No Info Given Patient has had Cath w/coronary stenting, he has an ischemic cardiomyopathy w/ICD in place.; 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
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 Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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. Acute on chronic systolic heart failure decompensation with worsening dyspnea on exertion, orthopnea and weight gain. Will increase Lasix to 80mg daily. Metolazone 5mg daily for 3 days. Arrange for follow up in CHF clinic next week. Will obt; 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)		79 YEAR OLD WITH CHEST PAIN, HISTORY OF CONGESTIVE HEART FAILURE, HAS COPD CANNOT WALK ON TREADMILL; 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; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 CTA showed CAD; 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
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 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	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;		Shannon Danner is a 42 y.o. female.&#x0D; &#x0D; &#x0D; The patient is a 42 yo woman with DM type 2, HbA1c is 8.0% complicated by neuropathy, worsening, has been on Vit B complex now . She is s/p amputation of right 5th toe and now there is an ulcer on the right 1st; This study is being ordered for Vascular Disease., Pt reports that she has quit smoking. She has never used smokeless tobacco. She reports that she does not drink alcohol or use drugs.; There has been treatment or conservative therapy.; ; REVIEW OF SYSTEMS&#x0D; &#x0D; General: No fatigue, no malaise&#x0D; &#x0D; Skin: No rashes or bruises&#x0D; &#x0D; HEENT: No vision loss or diplopia&#x0D; &#x0D; Neck: No lymphadenopathy&#x0D; &#x0D; Resp: No wheezing or hemoptysis&#x0D; &#x0D; Cardio: as in HPI&#x0D; &#x0D; GI: No diarrhea, constipation, GI bleed&#x0D; &#x0D; GU: N; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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.	1
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 had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiac Surgery	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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	abnormal test Hx open lung biopsy 8/8/2018; 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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Severe 70/80 % stenosis of the left carotid; This study is being ordered for Vascular Disease.; 10/24/2018; There has not been any treatment or conservative therapy.; Patient had TIA 10/24/2018; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 ecg anteroseptal myocardial infraction. htn, cad, atypical chest pain, and is overweight.; 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)		abnormal ekg, diabetes, hyperlipidemia, hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 and dyspnea; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); 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)		Angina pectoris; Provided angina: care instructions; Check electrocardiogram; essential hypertension; hyperlipidemia; Type 2 diabetes mellitus without complication; Provided type 2 diabetes: care instructions; 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); 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)		Angina, Dyspnea, CP, HTN, Abn-EKG, No stress echos done within 60 mile radius.; 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); 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
Cardiac Surgery	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	Shannon Danner is a 42 y.o. female.; The patient is a 42 yo woman with DM type 2, HbA1c is 8.0% complicated by neuropathy, worsening, has been on Vit B complex now . She is s/p amputation of right 5th toe and now there is an ulcer on the right 1st; This study is being ordered for Vascular Disease.; Pt reports that she has quit smoking. She has never used smokeless tobacco. She reports that she does not drink alcohol or use drugs.; There has been treatment or conservative therapy.; REVIEW OF SYSTEMS; General: No fatigue, no malaise; Skin: No rashes or bruises; HEENT: No vision loss or diplopia; Neck: No lymphadenopathy; Resp: No wheezing or hemoptysis; Cardio: as in HPI; GI: No diarrhea, constipation, GI bleed; GU: N; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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 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
Cardiac Surgery	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.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	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.	3
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		Unknown; This study is being ordered for Vascular Disease.; 7/2018; There has been treatment or conservative therapy.; fatigue, syncope, absent radio pulses, dizziness, dyspnea; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt has severe headache with Obstruction of carotid artery, pt has had possible TIA or CVA; This study is being ordered for Vascular Disease.; long history of carotid disease Pt has had prior carotidectomy in the past and pt has severe head pain and Obstruction of carotid arteries; There has been treatment or conservative therapy.; Pt has severe headache with Obstruction of carotid artery. pt has had possible TIA or CVA; Pt has had prior carotidectomy in the past and pt has severe head pain and Obstruction of carotid arteries. Has CAD and is on anticoagulants.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		Angina, HTN, Palpitation; 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).; 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)		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.; 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).; 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.	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)		CAD by a calcium score, abnormal EKG; 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)		central chest pain&#x0D; &#x0D; strong family history of CAD&#x0D; &#x0D; fatigue&#x0D; &#x0D; hyperlipidemia&#x0D; &#x0D; BMI 31; 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 AND SOB, CONSTANT FATIGUE, OCCAS. DIZZINESS, DAILY PALPITATIONS, CURRENT EVERY DAY SMOKER; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 exertion&#x0D; &#x0D; both parents deceased in their 60's from CAD&#x0D; &#x0D; Abnormal EKG&#x0D; &#x0D; BMI 38&#x0D; &#x0D; Diabetes&#x0D; &#x0D; Dyslipidemia&#x0D; &#x0D; bilateral ankle edema&#x0D; &#x0D; Sleep Apnea with CPAP; 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.&#x0D; this is a 63-year-old male who was referred to us for evaluation of chest pain. Patient has been complaining of intermittent episodes of chest pain on exertion, 5 out of 10 in intensity, with radiation to the left jaw. Gets 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).; 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)		chest pain&#x0D; Provided chest pain: care instructions&#x0D; hyperlipidemia; 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; 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)		chest pains and ER visit on 11/13/18 and still having chest pains EKG 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).; 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	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
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			2
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		HISTORY OF TIA, CAROTID AND PERIPHERAL ARTERY DISEASE; 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		Yes, this is a request for CT Angiography of the Neck.	16
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING, WEAKNESS, L SHOULDER 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
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			3
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 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	2
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Mr. Mears is a pleasant 60yo that returns today due to intermittent chest pain. He underwent 5v-CABG with Dr. Williams in May of this year. He has been in cardiac rehab and seems to be tolerating it well. He admits to sharp intermittent left anterior chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 pressure; feel as like anxiety &#x0D; Severity: mild &#x0D; Duration: lasts minutes &#x0D; Onset/Timing: occurs daily &#x0D; Context: exertional; at rest&#x0D; Alleviating Factors: nothing gives relief.&#x0D; PT ALSO HAS A HX OF A-FIB; 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).; 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)		Comments: Pt here for stress echo needed Definity to improve pictures, patient had reaction to Definity with severe&#x0D; back pain & amp; pain/cramping in both legs. Test terminated & amp; will have the complete echo from today read and he is set&#x0D; up to come back Wed; 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)		Coronary artery disease needs to be ruled out.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 SOB when walking. No Stress Echos done within 60 mile radius.; 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).; 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)		Cp, ABN EKG, no stress echos done within 60 mile radius.; 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	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
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	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 be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	3
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 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		; 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		; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		6 month follow up. His CT Calcium showed total calcium was measured at 6.2. His CT also showed aneurysmal dilatation of ascending aorta measures up to 4.7 cm. He is here for repeat study. He feels well and voices no concerns today. He denies anginal compl; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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, smoker, asthma,; 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)		Dr. Greer is wanting to do it bc her blood pressure seems to be getting out of control lately. we will resume lisinopril therapy 20 mg p.o. twice daily and continue all other present medical therapy as is. With this is also associated sob, mild edema, an; 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)		dyspnea fatigue malaise with exertion &#x0D; &#x0D; hypertension&#x0D; &#x0D; obesity&#x0D; &#x0D; bmi 50&#x0D; &#x0D; abnormal ekg with st-t wave changes; 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)		Dyspnea with exertion, stable, no associated angina, was a heavy smoker, stopped 2 months ago, deconditioned and diet carbs low glycemic index and weight loss..chest pains . precordial at rest, lasting minutes, describes as a dull ache, he moves and pain ; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 11/7/18&#x0D; 1. Abnormal LV systolic function. Ejection fraction 40% estimated. Difficult assessment for ischemic wall motion abnormalities. There is concentric left ventricular hypertrophy without dilation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is a Medicare member.; This study is being ordered for None of the above	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Abnormal echocardiogram; 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		Aortic root dilation on recent Echo.; 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.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ascending aortic aneurysm: Aneurysm measures 5 cm on echocardiogram. She also appears to have a bicuspid aortic valve. I recommend CT scan of the aorta to evaluate the dimensions and to evaluate the entire aorta. I also recommend she undergo transeosoph; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2018; 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
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA of the chest with and without contrast to rule out thoracic aortic aneurysm.Target blood pressure is less than 130/80.Discontinue diltiazem.Nifedipine ER 60 mg p.o. Daily.Blood pressure diary for two weeks Aggressive weight reduction.Continue otherwise; 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	dilated aortic root found on echocardiogram; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Dr. Jolly has mild aortic valve disease and an ascending 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Edward Shane Graves is a 60 y.o. male who presents for a 3 month follow up and bp recheck. He reports bp is elevated at home. Has some mild SOB on exertion and fatigues easily when doing something physical. Patient of Dr. Vengala's in our clinic. Pertinent; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Encounter for Observation, SOB, DOE, HTN, Abn-EKG, 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); 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)	Essential (primary) hypertension; 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)	essential hypertension&#x0D; Provided learning about high blood pressure&#x0D; Check electrocardiogram&#x0D; electrocardiogram abnormal&#x0D; angina pectoris&#x0D; Provided angina: care instructions&#x0D; hyperlipidemia&#x0D; Provided high cholesterol: care instructions&#x0D; carotid bruit; 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); 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)		Family of heart disease, Angina, 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); 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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		IMPRESSION AND PLAN&#x0D; Severe aortic stenosis; patient meets severe criteria based on echo and is symptomatic, however, her surgical risk is currently unknown and questionable given her age and lack of PMH. Will proceed with TAVR work up including PFS and C; 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		Known thoracic aneurysm last checked on in 2016, this is routine check up 2018.; 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		she had an echo prior test; 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		To evaluate known ascending aortic aneurysm and make sure it hasn't grown in the past year.; 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 no signs or symptoms indicative of a progressive vascular stenosis.; 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)		Herat failure; 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
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This study is being ordered for Congenital Anomaly.; &#x0D; Enter date of initial onset here - or Type In Unknown If No Info Given &#x0D; There has been treatment or conservative therapy.; &#x0D; Describe primary symptoms here - or Type In Unknown If No Info Given &#x0D; &#x0D; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &#x0D; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &#x0D; Enter date of initial onset here - or Type In Unknown If No Info Given &#x0D; It is not known if there has been any treatment or conservative therapy.; &#x0D; Describe primary symptoms here - or Type In Unknown If No Info Given &#x0D; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		None; This study is being ordered for Congenital Anomaly.; 01/26/2011; There has not been any treatment or conservative therapy.; F/u congenital 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	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		unknown; This is a request for an MR Angiogram of the chest or thorax	1
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		UNKNOWN; This study is being ordered for Congenital Anomaly.; 01/22/2018; There has not been any treatment or conservative therapy.; COGENITAL AORTIC STINOSIS, ASCENDING AORTA DILATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Cardiology	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
Cardiology	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
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 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Cardiology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		multiple joint tenderness and reports of swelling with other symptoms concerning for autoimmune disease including alopecia, rashes, and response to steroids.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/15/2018; It is not known if there has been any treatment or conservative therapy.; multiple joint tenderness and reports of swelling with other symptoms concerning for autoimmune disease including alopecia, rashes, and response to 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	2
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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		fax clinicals; 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)		Female with hx of anxiety and palpitations for the past 14 years, who presented for worsening palpitations&#x0D; Presents today for routine follow up&#x0D; Had Event monitor that showed multiple PVCs in the past &#x0D; &#x0D; Since last visit she had few more recent episodes; 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)		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 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)		HPI&#x0D; The patient presented to Saint Vincent's Hospital on September 4, 2018 with a pain in his left chest and subsequent left arm and left leg numbness. He was found to have a basilar artery occlusion likely due to large vessel atherosclerosis. He ha; This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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: 62 y.o. male referred to Cardiology for evaluation , has no prior cardiac history. He does have long-standing peripheral arterial disease, polycythemia vera. Gets phlebotomies once a month. States he is noticed gradual dyspnea on exertion over 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)		Htn diabetic; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient 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)		impression:&#x0D; #1 hypertension: Her blood pressures not well controlled this point. She is currently on Norvasc as well as losartan. Her recent echo showed severe concentric left ventricular hypertrophy. There is no evidence of any outflow obstruction to su; 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); 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)		Joanne F Sprague is a 63 y.o. female who presents as a hospital follow-up for PVCs.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Known CAD with CABG X 2 on 9/26/18 and patient continues to have chest discomfort.; 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)		known dilated cardiomyopathy, class III angina, shortness of breath, AICD placement; 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	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		F/U aortic aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2018; There has been treatment or conservative therapy.; SOB Known CAD S/P pci diabetes hyperlipidemia; Echocardiogram EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		none; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; CP shortness of breadth, fatigue, Dizzy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	3
Cardiology	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 had CTA of chest abdomen w contrast showing 3cm right adrenal mass, possible large adenoma but indetemindate. Further evaluation by MRI recommended	1

Cardiology	Approval	7557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	16
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)		IMPRESSION AND PLAN&#x0D; Severe aortic stenosis; patient meets severe criteria based on echo and is symptomatic, however, her surgical risk is currently unknown and questionable given her age and lack of PMH. Will proceed with TAVR work up including PFS and C; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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.	8
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)		Nondiagnostic stress echo because of failure to achieve the 85% target heart rate and failure to achieve adequate cardiac stress. Patient walked on the treadmill for 4:45 minutes achieving 6.1 METS and only 75% of the max projected heart rate. Max BP-HR p; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 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.; pt had an abnormal stress test suggestive of ischemia; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 bundle branch block; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/2018; There has been treatment or conservative therapy.; CAD, chest pains,left bundle block; patient went to the ER, 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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. Davis returns for followup after missing his hospital followup last Winter. He states he was in the hospital for chest pain last week at El Dorado and had some testing but does not think he had a stress test. He presents with a request for cardiac cle; 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)		Mr. Henderson is a very pleasant 53-year-old gentleman who is referred for sinus arrhythmia but has been having exertional chest discomfort with known coronary disease, lower extremity edema, symptoms of sleep apnea. We will set him up for sleep study as ; 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)		Ms. Cantrell is referred for evaluation of chest pain by the VVI clinic. She has noticed intermittent episodes of chest pain, for the last 3 months, sometimes at rest, substernal, lasts for a minute and resolves spontaneously. She has had back problems an; 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)		Ms. Lang is a 42 year old female. She is referred for evaluation of chest tightness. About a year ago she was found to have breast cancer. She had resection. She was treated with tamoxifen. She was then treated with a proteinase inhibitor. She takes; 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	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.; Pt has murmur with new chest pain and shortness of breath.Type 2 diabetes mellitus with complication, unspecified whether long term insulin use. Pt is a smoker. pt has stated that she has some issues with twilight anesthesia that would be needed for a hea; 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.; ; 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.; Hot searing pain in back and shoulder that radiates into arms, chest and neck.&#x0D; Palpitations &#x0D; Irregular Heart Rate &#x0D; Atrial Fib with RVR &#x0D; Dehydration &#x0D; Dysthmia &#x0D; OSA on CPAP&#x0D; Anxiety: Y&#x0D; Hypertension: Y&#x0D; Other: Y - osteopenia&#x0D; Sleep Apnea: Y - USES CPA; 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.; Patient with a history of Type II diabetes, hypertension, and hyperlipidemia referred for chest pain by PCP. Patient had a Stress test with ECHO for evaluation. Chest Pain was invoked during the exercise stress portion of test.; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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. Moore is a 59 year old female here for preoperative evaluation prior to bariatric SX with Dr. Bledsoe. Denies chest pain. States that she is only well SOB when walking up a hill or climbing a flight of stairs. Works in her yard without SOB. Is able to; 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)		needs this for a DOT CLEARANCE for his job; 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 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); 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)		Neurologic: memory lapses or changes and difficulty finding desired words.&#x0D; shortness of breath when walking and light-headed on standing.; 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); 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)		No Stress Echos done within 60 mile radius. Abnormal electrocardiogram with mild nonspecific ST-T Changes, Dyspnea on exertion. HTN. Patient also had an abnormal regular treadmill stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for None of the above	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 Echocardiograms done within 60 mile radius. Angina, abnormal ECG, hypertension, hyperlipidemia, smoker; 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; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		non ischemic cardiomyopathy defibrillator implant, ICD shocks, new 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)		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 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)		none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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; 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)		past 6 months or so she has been having daily chest heaviness/pressure; this happens daily and sometimes radiates into left arm and up neck. Daily shortness of breath, she gets worn out just getting dressed. Occasional palpitations. CURRENT EVERYDAY SMOKE; 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).; 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)		Patient called this morning stating he was in the ER at AMMC on Saturday 9-29-18 with HTN and chest pain. He said his BP this morning was 198/84. He said upon his discharge from the ER, they instructed him to get an appointment with Dr. Hallak. His number is; 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 has significant family history of CAD; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 moderate to severe dyspnea. Abnormal EKG. Morbid obesity. Family history of 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



Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 frequent episodes of left precordial chest pain associated with moderate to severe dyspnea and loss of consciousness. Hypertension, trivial nonrheumatic tricuspid insufficiency, severe obesity, 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 precordial chest pain associated with moderate to severe dyspnea and heart palpitations. Abnormal EKG. Hypertension. Severe 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	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 also has dyspnea and prior history of diastolic dysfunction; 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 had abnormal stress echo and EKG; 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 class 2 obesity but recently lost 10 lbs rapidly without effort.; 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 study is requested for known or suspected valve disorders.	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 NAUSEA.	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 .; &Additional Clinical Information&gt; No, this patient does not have 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 prior equivocal or uninterpretable cardiac imaging .; &Additional Clinical Information&gt; 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 prior equivocal or uninterruptible cardiac imaging. ; Nonobstructive coronary arteries &#x0D; &#x0D; An anomalous takeoff of the left circumflex from the right coronary &#x0D; cusp &#x0D; &#x0D; Normal left ventricle systolic function with normal left ventricle &#x0D; end-diastolic pressure &#x0D; &#x0D; Recommendations &#x0D; Aggressive medi; No, this patient does not have 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.; Yes, patient had a Nuclear Cardiology study within the past six months.; &#x0D;Additional Clinical Information&#x0D;	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.; Lexiscan sestamibi stress that showed no definite evidence of&#x0D; ischemia. WITH PT HAVING SOB AND 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.; Pt is still experiencing hyperlipidemia, precordial pain, syncope and collapse, dyslipidemia, and hypertensive urgency after a normal TMST	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.; Pt smokes a pack of cigarettes a day. He is on chantix and has tried to contact the smoking cessation hotline, but has not received a follow up from them yet. The pt had a lexiscan stress test which did not rule out inferior ischemia.	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.; worsening shortness of breath, chest pain, and dyspnea on exertion. coronary artery disease s/p ptca stent. diabetes, hypertension, tachycardia, dizziness, lower extremity edema, and arteriosclerosis of extremity with rest 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)		Unknown; This study is being ordered for Vascular Disease. ; 7/2018; There has been treatment or conservative therapy.; fatigue, syncope, absent radio pulses, dizziness, dyspnea, 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)		Patient is experiencing precordial chest pain associated with moderate to severe dyspnea. Abnormal EKG. Cardiac murmur. Obesity.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 chest pain, palpitations; 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)		Patient is having syncope episodes and needs a cardiac clearance for surgery.; 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 post op from ablation & having new chest pain.; 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)		Patient is seen today for a routine follow up. She's here for her annual follow up. She had been having daily chest pain and doe for quite some time. Radiates into her back. Not associated with meals. Not necessarily related to activity. She downplays it.; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			17
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 recent seen in the office for a physical. He was recently diagnosed with diabetes mellitus. His EKG has anterolateral T-wave changes. He had some symptoms of dyspnea and chest discomfort from time to time. The symptoms are rather v; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 experiencing symptoms of dyspnea on exertion over the past month or 2. It's rather profound by the time she gets to the top of the stairs in her house. She has to stop to catch her breath. She reports feeling a tightness or pressure ; 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).; 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)		#1 coronary artery disease: He presented with a myocardial infarction about 3 years ago. At that time he underwent multivessel stenting. He's been doing well since his last visit. He's not really had any recurrent angina. He's not experiencing any dyspnea; 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 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 hypertension: Her blood pressures not well controlled this point. She is currently on Norvasc as well as losartan. Her recent echo showed severe concentric left ventricular hypertrophy. There is no evidence of any outflow obstruction to suggest HOCM. I; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 unable to walk on a treadmill due to degenerative disc disease, chronic pain and exercise intolerance, patient has an irregular heart beat, fatigue, exercise intolerance, unable to do daily activities without becoming fatigued.; 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 reports chest pain on exertion, shortness of breath when walking, and palpitations; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); 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)		Patient was seen in clinic for new onset of chest pain along with abnormal electrocardiogram. Patient's chest pain is left-sided and radiates to the jaw and shoulder. Patient also has 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)		Patient was seen in clinic for new onset of chest pain with shortness of breath. Patient also has edema and a fluttering sensation in his chest.; 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 a history of Cerebral Ischemia, Tobacco Use, COPD, Idiopathic Gout, PVD, Hyperlipidemia, and Hypertension. Patient complaint is chest pain and shortness of breath on exertion. Patient can NOT walk on a treadmill because he has trouble feeling; 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)		Pertinent history includes: HTN, dyslipidemia, DM; Has recurrent chest pains over last many years. Had some trauma long time back. No relation to exercise. Does have dizziness / lightheadedness esp when he bends and gets up. Did not have syncope. (hyper); 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 unable to walk on treadmill due to previous stroke; 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 HAD AN ABNORMAL STUDY, HAS, SOB, DIZZINESS AND FATIGUE; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; 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); 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)		pt has SOB when walking. tobacco user; 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 is having palpitations, not relieved by rest, chest pressure, aggravated by exertion, alleviated by rest; 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)		PT is SP MI with new cardiac symptoms; 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)		routine surveillance; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; 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)		see previous note; 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)		Shortness of breath on 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for known CAD.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient 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 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 patient had a previous cardiac surgery or angioplasty.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram 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)		Stable angina: Even though the patient is young, he has risk factors for CAD and the description of the pain corresponds to a classical angina. Plan: Lexiscan MPI, he has chronic back pain and cannot do treadmill stress test. Echocardiogram. Sublingual; 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)		substernal chest pain&#x0D; &#x0D; HIV&#x0D; &#x0D; h/o DVT; 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)		Suspected CAD, chest pain; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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 EKG shows sinus rhythm with inverted T waves in leads III, aVF, V3, V4 and V5. Abnormal EKG, consider inferoapical ischemia.&#x0D; Impression And Plan&#x0D; 1. Atypical chest pain, shortness of breath, abnormal EKG, rule out myocardial ischemia. &#x0D; 2. Hypertens; 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 angina equivalent, cerebral infarction, class 3 diabetes, diabetes mellitus, hyperlipidemia, osa, family history of cardiovascular disease, and tobacco abuse. the patient want to do the mpi because the patient wanted it for the 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 Celiac Artery Stenosis: he underwent remote stenting about 10 years ago. He has not had any recurrent abdominal issues since then. He has some SOB and fatigue. They are suspected of retrosternal chest discomfort suspicious for angina; 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); 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 patient has chronic lower back pain and can not walk on a treadmill he also has obesity.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 coronary artery disease and hyperlipidemia. the hyperlipidemia is a new problem and it is controlled. Had a history of MI, cardiac cath, coronary angioplasty, fracture surgery, rotator cuff repair. the reason for the mpi.; 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)		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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 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)		.chest pain &#x0D; pleasant 55-year-old gentleman has long-standing hypertension, history of a stroke treated at LSU in 2014. patient found to have markedly abnormal EKG consistent with LVH. Patient has been having over the last several months chest discomfort; 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)		; 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)		; 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 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.	12
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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.	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 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.	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 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	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 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.	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 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	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.; 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 cannot 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 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.; The patient has not had previous cardiac surgery or angioplasty.; It is not known if the patient has had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); 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.; 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); 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.	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)		; 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.	38
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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)		; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	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.; The patient has had a stress echocardiogram within the past eight weeks.	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 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.	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)		1. Chest pain and shortness of breath: The patient has been experiencing episodic symptoms of chest pain and shortness of breath, and the patient recently had an echo in July 2018 that had an EF of 60%. Echo was performed at Arkansas Methodist Medical ; 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)		1. Chest pain concerning for angina pectoris. Her symptoms are currently stable as they are not increasing in frequency, duration, or intensity. We will get her most recent lab work from Dr. Pennington's office and ensure there is no anemia that could ; 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)		1. CAD. Most recent cardiac cath November 2017 revealed patent LAD stent with 80-90% small OM stenosis. Medical management was recommended. Denels chest pain. However, noted VT during admission April 2018. Did not keep f/u appt. &#x0D; 2. Paroxysmal atrial fib; 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)		1. Dyspnea upon exertion and shortness of breath secondary to the acute congestive heart failure exacerbation with unknown baseline ejection fraction. &#x0D; 2. Morbid obesity.&#x0D; 3. Intermittent chest pain.&#x0D; 4. Hypertension.&#x0D; 5. Obesity and symptomatology suggest; 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)		15 years ago patient had a SVT Ablation; This study is 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.; Shortness of breath, substernal chest 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		43-year-old male with history of coronary disease, hypertension, chest pain, shortness of breath, and nonobstructive coronary disease on heart catheterization in 2004. Latest CT scan of the chest showed an ascending thoracic aortic enlargement in the 3.6; 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 shows bradycardia non specific ST t changes sinus bradycardia; 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 pectoris, shortness of breath, dyspnea on exertion, tachycardia, dizziness, palpitations, lower extremity edema, hypertension, family history of coronary artery disease, family history of diabetes, obesity. Pt is unable to walk on treadmill due to; 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)		Angina, COPD, HTN, 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); 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)		Angina, DOE, Abn-EKG, HTN, Murmur, FM HX, Smoker; 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); 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)		Angina, 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); 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)		can 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 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)		chest pain radiating down left arm, with shortness of breath, nausea and vomiting brought on by exertion; 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, SOB, dizziness spells, htn. she reports chest pain that started last night and has not gone away, not worse with exertion. She states the pain radiates to her LUE and jaw occasionally. She has nausea with the pain as well. she has had a card; 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); 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)		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)		CP chest pressure radiates to bilateral shoulders SOB elevated blood pressure; 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)		CURRENT EVERYDAY SMOKER, HAS CP, SOB, TACHYCARDIA. Reflex sympathetic dystrophy of bilateral upper limbs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN DATE FIRST HAD CHEST PAIN AND SOB. HAS HAD TACHYCARDIA BY HISTORY; It is not known if there has been any treatment or conservative therapy.; CP and has a history of chronic tachycardia. She has RSD and has significant pain issues. She has been diagnosed with anxiety attacks before as this is what the ER has told her. She also has significant hypertension at times. She also has SOB at times as; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		Cynthia A Ulrich is a 60 y.o. female who presents to establish care and problem visit. Pertinent history includes: Hypercholesterolemia under clinical monitoring with her PCP, left carotid stenosis with history of bilateral carotid bruits, history of CVA ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Encounter for observation, SOB, DOE, HTN, FM HX; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); 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)		Enter answer here - or Type In Unknown If No Info Given CTA on 9-1-2018 showed 50% proximal LAD.; 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 hypertension&#x0D; Provided high blood pressure: care instructions&#x0D; Provided learning about high blood pressure&#x0D; dyspnea&#x0D; Provided shortness of breath: care instructions&#x0D; fibromyalgia&#x0D; tachycardia&#x0D; angina pectoris&#x0D; Provided angina: care instructions&#x0D; 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)		Ex smoker 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)		exertional dyspnea&#x0D; hypertension&#x0D; type 2 diabetic&#x0D; nicotine dependence&#x0D; bmi38&#x0D; obstructive sleep apnea; 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)		Known CAD, hyperlipidemia, shortness of breath on exertion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2018; There has not been any treatment or conservative therapy.; Angina, chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		known cad, shoulder pain; 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 had a recent non-nuclear stress test.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.; The results of the previous nuclear cardiology study were normal.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 2014 by Igbokidi for chest pain and palpitations. Here today for the same symptoms. Pertinent history includes: HTN, HLD, COPD and tobacco abuse. Had an episode of CP about 2 months ago while working in Texas. CEs were negative at that time.; 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)		Left sided Chest pain&#x0D; &#x0D; Father and grandfather died of MI in their 50's&#x0D; &#x0D; COPD; 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 known	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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. Hardin is here today for a cardiac eval. He has SOB with exertion. He reports exertional chest pressure, relieved with rest.; 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)		Mr. Rawls is referred for cardiac evaluation of chest pain. He has a chronic past medical history of hypertension, hyperlipidemia, GERD, and anxiety. He presents to the office today with complaints of chest pain that started in September. he states the; 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)		Ms White returns to clinic today with improved breathing status. She was unable to walk a treadmill at recently scheduled RSE and awaits NST to exclude ischemia, with patent coronaries in the past. ROS is otherwise negative.; 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)		Ms. Keeter is referred for cardiac evaluation of chest pain and shortness of breath. She has a chronic past medical history of hyperlipidemia and obesity. She presents to the office today with complaints of deep chest pain behind her left breast that ra; 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).; 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)		Ms. Lakesha Hassell is being referred for cardiac evaluation. Patient has a past medical history of Anemia, Asthma, Migraines, and Sickle cell trait. Patient reports over the past 4 years has had palpitations that have worsened over the past year and pati; 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. Paschal returns for followup. She states she has been having "weird" chest pain, initially thought gas, for the last 2 weeks, intermittent, not limiting her activity. She has also been having neck pain. Her symptoms sound noncardiac--no further testin; 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)		New patient referred Dr Parker, chest pain last one month, left precordial, episodes with exertion and at rest, radiating left arm, associated dyspnea, not syncope, episodes a few times a week...smoker...one pack a day, obesity, and hypertension. Patient ; 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)		No Stress Echos done within 60 mile radius. Angina, Hyperlipidemia, HTN; 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).; 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)		no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Palpations 11-12-2018; There has been treatment or conservative therapy.; Heart palpitation, heart racing, chest pain.; Heart monitor on 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		non-diagnostic, target heart rate was not achieved due to leg fatigue.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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)		Palpitations intermittently over last few months. First time he had any symptoms was about 2 yrs ago. He had dizziness and passed out at that time - put it as one time event and did not seek medical attention. Recently over last few months symptoms recur; 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)		Past myocardial bridge, angina, htn; 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)		Patient came in with 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)		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.	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 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.	19
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 status post angioplasty and stent in 2014. Had a repeat angiography in 2015 and 2016 but no intervention was undertaken. She is having atypical CP, often time when she is at rest. No stress echos done within 60 mile radius.; 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 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)		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.	113

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; 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.	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 not 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 cannot walk on a treadmill because of pain in the legs.; Chest pain - Patient has been complaint of typical symptoms. Risk factors include smoking, strong family history of premature CAD, hyperlipidemia. We will get nuclear stress test (Patient c); 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)		patient has chest pain; This is a request 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 former smoker with a history of stroke. having chest pain that is on and off for the last few weeks no relieving factors and her Chads VASC score of four. history of atrial fib; 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 experiencing episodes of precordial chest pain associated with moderate to severe dyspnea. Abnormal EKG. Hypertension. Left ventricular systolic function in lower limits with EF of 50%. Cardiac valve 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 palpitations, precordial chest pain associated with dyspnea and dyspnea on exertion. Abnormal EKG. Holter monitor has been ordered.; 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 precordial chest pain associated with moderate dyspnea on exertion. Abnormal EKG resulting in right bundle branch block. Cardiac murmur. 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)		Patient is having increasing chest pain over the last 2 months, patient states " pain feels like it did when I had my heart attack " pain radiates up into neck and down left arm, occurs with exertion, patient has history of coronary artery disease and ste; 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 with dyspnea on mild exertion concerning for angina equivalent; abnormal EKG; history of two recent spinal surgeries with continue back pain so unable to walk 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 with intermittent chest pain; patient attributes to stress; also dyspnea on exertion; dizziness; patient can not walk TM due to recent ankle surgery; 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)		Plan&#x0D; 1. CM EF 40-45% per Echo . NP teaching plan initiated. Booklet "Success with HF" provided. CHF Clinic; goals; anticipated appointment schedule; causes HF; treatment plan: daily wts; fluid/salt restrictions; activity; labs; medications-use/effect/si; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		post ER visit as new mbr very short 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).; 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)		Pt has been treated for hypertensive nonobstructive cardiomyopathy. since 1/2015. Increasing shortness of breath started about 10/01/2018 He is on maximum medical management.; This study is being ordered for Vascular Disease.; Pt has been treated for hypertensive nonobstructive cardiomyopathy. since 1/2015. Increasing shortness of breath started about 10/01/2018 He is on maximum medical management.; There has been treatment or conservative therapy.; Pt has been treated for hypertensive nonobstructive cardiomyopathy. since 1/2015. Increasing shortness of breath started about 10/01/2018 He is on maximum medical management.; meds maximized. Anticoagulation: Coumadin&#x0D; Dr. Following INR's: Cardiology&#x0D; Clinical Pathway Rhythm Control&#x0D; Doctor following anticoagulation Lab: Dr. Riley&#x0D; Previous Cardioversion attempt: Yes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		pt having angina and sob with activity for the past few months. pt had an echo at the cancer center and had a decreased EF around 50%; 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).; 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)		Pt here for initial cardiology consultation for abnormal ecg. She was seeing Dr. Mitchell for routine followup and her ecg 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 is experiencing fatigue, shortness of breath on exertion, chest pain, lightheadedness; pt had a CTA that confirms stenosis; This is a request 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)		Pt is here to re-establish care after not being seen since 3/2016. She says she has noted palpitations intermittently for the past 1.5 years, There is associated SOB, no chest pain. She is seeing Dr Wilson to have a ventral hernia repair.; 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)		pt is obese, cannot walk a treadmill and has asthma; 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 UNABLE TO TOLERATE TREADMILL STRESS R/T KNEE PROBLEMS, PREVIOUS SURGERY, AND HX OF DVT'S.; 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)		Recently evaluated for chest pain and fatigue. RSE nondiagnostic due to inability to reach target HR. He was only able to walk 3 minutes due to feeling extremely tired. He continues to have intermittent chest pain along with DOE and fatigue. I'll order NS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The 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)		Results &#x0D; &#x0D; Symptoms &#x0D; The patient exhibited hypertension during the drug infusion. &#x0D; &#x0D; Conclusions &#x0D; &#x0D; Summary &#x0D; The left atrium is mildly dilated. &#x0D; The left ventricular wall motion is normal. &#x0D; The Ejection Fraction estimate is 60-65% . &#x0D; Th; 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)		Right sided chest pain, burning, tightness, and dyspnea with exertion&#x0D;&#x0D; hyperlipidemia&#x0D; &#x0D; 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)		shortness of breath, chest pain, dizziness, numbness, coronary artery disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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)		Sick sinus syndrome - &#x0D; Cerebrovascular accident - &#x0D; Cardiac pacemaker in situ &#x0D; Severity: symptoms are worsening; chest discomfort with household activities/yard work&#x0D; Associated Symptoms: left arm pain with exertion; under stress&#x0D; Hypertension History; 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 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)		Started having bilateral edema in feet a month ago. A couple of weeks ago she reports chest pressure/elevated heart rate (120s)/breathlessness/pedal edema, at work. This lasted 3 days before resolve. She works as a cashier and does not do any "physical" a; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the 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)		Summary &#x0D; Technical quality is adequate &#x0D; LA is mildly dilated &#x0D; LV is normal in size and systolic function &#x0D; LVEF is 55-60% &#x0D; No regional wall motion abnormalities seen &#x0D; Mild diastolic dysfunction &#x0D; Grossly normal valve structure and function &#x0D; ; 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 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 oa and cant walk on a treadmill and obesity.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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 patient has obesity and the other reason is our doctor wants to do an MPI because of anemia and gerd, and sob. dyspnea on exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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 patient has type 2 diabetes, htn, sob; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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 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; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 is having chest pain, dizziness, and high blood pressure; 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 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 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.	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 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.	62
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 unable to walk on a treadmill due to foot pain. in our office with an abnormal carotid US from Dr. Johnston's office. Not currently on ASA. Patient states she has been experiencing chest pressure/dyspnea with minimal exertion.; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 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 female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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)		The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration.;" The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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.; 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.	147
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	13
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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).; 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)		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration.;" The patient has not had a stress echocardiogram within the past eight weeks.; This is a 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 32 year old male presents for bradycardia and hypertension.&#x0D; Mr Davidson is a 32 year old male here today as a new patient. History of traumatic brain injury in Sept 2017, hypertension, and GERD. He was referred here for bradycardia. Complains today ; 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)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	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 has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	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)		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 cardiac septal defect.	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.	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)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	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 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	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); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot 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 a physical restriction to the member's ability to exercise	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); This is NOT a Medicare member.; The patient is less than 45 years old.; The patient has known diabetes	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 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 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.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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)		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)		unknown; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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)		UNKNOWN; 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)		Unknown; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request 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)		Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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)		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/18; There has not been any treatment or conservative therapy.; shortness of breath, hypertension, coronary artery 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		worsening angina, SOB; 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	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.; Mr Easter is here today for echo results. He denies any cp or SOB. He does have life vest on today. He denies any shocks from device. He states that his bp went down after increasing carvedilol and he thought it was too low so he started back smoking.	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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 3 months or less 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 study is 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		Follow up from last Echo. Possible dfib. 20-25%; 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
Cardiology	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 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	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 afib, abnormal ekg, syncope and cp; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	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 cad, abnormal ekg, cp and sob; 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		patient with shortness of breath and abnormal ekg; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the 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		This a request for an echocardiogram.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This study is being ordered for another reason; The reason for ordering this study is unknown.; This is an initial evaluation of suspected valve disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial 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
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.; 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
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 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	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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	42
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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).; 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.; 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.	18
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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
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.	4
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 request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	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 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.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1

Cardiology	Approval	93307 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.	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 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.	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 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.	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)		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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)		this is a 58-year-old gentleman with history of hypertension, family history of coronary artery disease, and smoking which he quit two months ago. He presents to the Cardiology Clinic with a two-month history of chest pain. It is left-sided chest pain rad; 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	23
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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 40 or greater	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	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 evaluation of the heart prior to non cardiac surgery.	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 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.	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); 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 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 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.; It is not known if there are documented 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; 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.	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 Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 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 Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	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 24 months or more since the last echocardiogram.	4
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 evaluation of new or changing symptoms of valve disease.	26
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 artificial heart valves.	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 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.	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.	25

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.	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.; 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.	24
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; 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).; 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 no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "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).; 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.; 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)		unknown; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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 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	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 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.	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		completed transthoracic echocardiogram; 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.	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		Maria presents for follow-up, she is doing well no angina PND orthopnea or syncope she is tolerating Eliquis no current side effects. She is going to be seeing Dr.E.L Shaefi for consideration of watchman device. As you recall she has a history of intrac; 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.	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 after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	2
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 diagnosis and management of infective endocarditis.; 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;		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.	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 an evaluation prior to major surgery involving general anesthesia.; The patient has known CAD.; 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 Pre-operative (Cardiac Surgery, Angioplasty or stent) Evaluation; This patient had a previous cardiac surgery or angioplasty.	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/MP), 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.	3
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.	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;		This is a request for a Stress Echocardiogram.; 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 patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	5
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with a complaint of headache for one month. Patient work involves computer usage.; 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
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.; 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	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
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	c/s pt does have hx of corroded artery stenosis, want to further evaluate with cta of head and neck, pt has been on medical mgmntm has remained stable until recent episodes of passing out and dizziness.; This study is being ordered for Vascular Disease.; c/s 05/2018; There has been treatment or conservative therapy.; c/s pt is having dizziness, she has passed out; pt on beta blockers, pt is taking 2 anti coagulants, pt is also on blood pressure 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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)		Unknown; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; 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)		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.	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)		unknown; 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)		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.	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)		unknown; This is a request 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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; 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)		will upload clinicals.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Cardiology	Approval	78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation		Unknown; This is a request for a Cardiac-imaging PET scan.; It is not known if this study is being ordered to identify a myocardial perfusion defect.	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 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 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 Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is not presenting any new cardiac signs or symptoms.; Study ordered to for cardiac clearance for noncardiac surgery.	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 no stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; There are not abnormal laboratory findings consistent with cardiomyopathy or myocarditis.;	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.; LV function abnormal EF 30-35%, which dropped from 45% on prior&#x0D; echo report	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.; The reason for ordering this study is unknown.	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 Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	6
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.; Family history of cardiac disorder in father; There has not been any treatment or conservative therapy.; Family history of cardiac disorder in father; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		none; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; CP shortness of breath, fatigue, Dizzy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		patient with CAD 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) 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		patient with chest pain, shortness of breath, syncope and abnormal ekg; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the 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		Pt has been treated for hypertensive nonobstructive cardiomyopathy. since 1/2015. Increasing shortness of breath started about 10/01/2018 He is on maximum medical management.; This study is being ordered for Vascular Disease.; Pt has been treated for hypertensive nonobstructive cardiomyopathy. since 1/2015. Increasing shortness of breath started about 10/01/2018 He is on maximum medical management.; There has been treatment or conservative therapy.; Pt has been treated for hypertensive nonobstructive cardiomyopathy. since 1/2015. Increasing shortness of breath started about 10/01/2018 He is on maximum medical management.; meds maximized. Anticoagulation: Coumadin&#x0D; Dr. Following INR's: Cardiology&#x0D; Clinical Pathway Rhythm Control&#x0D; Doctor following anticoagulation Lab: Dr. Riley&#x0D; Previous Cardioversion attempt: Yes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; It is not known whether there is a 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	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	check up of ascending aortic aneurysm requested every 2 years. Last check was January 2016. This is f/u CTA to check for progression.; 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	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	suspected coronary anomaly pain worse when exercising pain radiating to chest into neck. episodes of syncope are worsening during exercise as well. pain is typical neuro cardio genic syncope.; 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	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 not experiencing cervical neck pain not improving despite treatment.	1
Cardiology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING, WEAKNESS, L SHOULDER 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
Cardiology	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 new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Cardiology	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	; 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

Cardiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Ms Thornton is here today stating that she had a bad experience in 2016 at Arkansas Heart Hospital when she was admitted and had stent placement. She states that after stent placement she had to get up to use the restroom and the nurse took her to the res; This study is being ordered for trauma or injury.; 06/2016; There has been treatment or conservative therapy.; ; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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	Checking status of aortic repair and for further aneurysm; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; Unknown; Aortic repair 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
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	CHEST PAIN, SHORTNESS OF BREATH, LUPUS, PALPITATIONS, BROTHER AND FATHER HAVE HAD AORTIC ANEURYSMS.; This study is being ordered for Vascular Disease.; 09/03/2018; There has been treatment or conservative therapy.; CHEST PAIN AND SHORTNESS OF BREATH; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Not reporting claudication. Resting ABIs within clinically acceptable range. Post exercise results technically limited due to CNO vessels on the right. I suspect her edema affected testing. No wounds or signs of ischemia on exam. Appears stable from an ar; 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
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.; 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
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	1
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.	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 is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	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.; Pt here for followup afib on amiodarone therapy. He is having more chest pain. He denies any syncope. He is on coumadin therapy for stroke prophylaxis according to ACC/AHA/HRS guidelines. He comes in today for routine followup.; 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.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; Stress Echo on 10/15/18 with equivocal results. Abnormal Calcium score in the past.&#x0D; &#x0D; Strong family history of ischemic heart disease, sister had recent heart attack.&#x0D; &#x0D; HTN, DM, 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.; 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); &lt;Additional Clinical Information&gt;	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. Frequent PACs and PVCs. He is noted to have mild dilatation of all cardiac chambers. The LV systolic function is normal. There is no significant valvular disease. We will check a TSH, CMP, and magnesium. We will also schedule for a stress echocar	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)?; family history of CAD, Hypercholesterolemia, EKG showed sinus bradycardia,	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.; Yes, patient had a Nuclear Cardiology study within the past six months.; &tAdditional Clinical Information&t;	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.; Yes, patient had a Nuclear Cardiology study within the past six months.; patient had positive stress test on 12/5/2018	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.; Yes, patient had a Nuclear Cardiology study within the past six months.; Pt has known CAD with new onset of chest pain he has had CABG in the past. He has hypertension and several medical issues. Pt does not want to have a heart cath unless he absolutely has too. Pt has had issues in the past where sedation makes him ill and h	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	Unknown; This study is being ordered for Vascular Disease.; Unknown; 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	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		the patient has sob and it is exertional. electrocardiogram shows minor nonspecific T wave flattening. Pt denies any other sx's at this time. Moderate lasting for a few minutes after exercise and gets better with rest. Also has morbid obesity. patient als; 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
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; 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 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.	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.; 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.; 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 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 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., 09/04/2018; There has not been any treatment or conservative therapy.; ANGINA, HYPERTENSION, 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., 9/21/2018; There has not been any treatment or conservative therapy.; Chest pain, 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	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 dyspnea for 4-6 weeks.ECG shows LBBB&#x0D; .# Left bundle branch block (I44.7):&#x0D; # Obesity (E66.9):&#x0D; # Bradycardia (R00.1):&#x0D; # Shortness of breath (R06.00):&#x0D; # Syncope (R55):&#x0D; # Hyperlipidemia (E78.5):&#x0D; # Hypertension (I10):&#x0D; # Angina ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	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; It is unknown if the chest pain was 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	; 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); 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	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.; HPI: This is a MERCY CLINIC RADIOLOGY ROGERS evaluation of Nancie G Carter is a 55 y.o. female who is a known case of chest pain The chest pain is substernal with duration varying from seconds to minutes which is heavy in nature and sometimes is burning ; 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	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.; Pt has had a long history of CAD has stents in RAC and LAD has MVR and AVR. Pt is very high risk.; There has been treatment or conservative therapy.; Chest pain with shortness of breath. MVP and AVP; Pt has CAD with stents in RCA and LAD. MVP and AVR extensive history of cardiac 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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. Coronary artery disease status post multiple interventions, last being drug-eluting stent to the right coronary artery in the setting of infarct, angioplasty of the LAD at that time. She has done well since then. No recurrent angina.&#x0D; 2. Ischemic car; 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	Abnormal electrocardiogram stress test suggestive of myocardial ischemia. Reduced exercise tolerance.Pressure like chest pain for 4 weeks&#x0D; Obesity &#x0D; Hyperlipidemia &#x0D; Hypertension &#x0D; Angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	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 heaviness that radiated down both arms&#x0D; &#x0D; shortness of breath &#x0D; &#x0D; history of smoking&#x0D; &#x0D; hypertension&#x0D; &#x0D; sedentary lifestyle; 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	chest pain, shortness of breath, dizziness, leg cramps, claudication.; 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	cp, hypertension, hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	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	has chest pain on exertion; This study is 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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	hx of MI; 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	hypertension&#x0D; obesity&#x0D; OSA with Cpap&#x0D; Left arm discomfort with exertion&#x0D; hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	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	intermittent episodes of chest pain, worsening; dyspnea on exertion; patient is needing knee surgery and can not walk a treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	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	Mother and Father had hear disease/issues. Patient has an 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 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	Myron D Brown Sr. is a 59 y.o. Caucasian male who presents for a routine annual follow up. He is a patient of Dr Igbokidi in our clinic. Pertinent history includes: CAD s/p CABG 3/17/17 per Dr. Howe, and Hyperlipidemia. Other past medical history is noted; 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	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 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	Patient with recent onset of shortness of breath on exertion and elevated blood pressure. Patient has a history of liver transplant for alcoholic liver cirrhosis and hepatocellular carcinoma and now on immunosuppression. Patient also has diagnosis of hy; 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	pt has Type 2 diabetes mellitus without complications.&#x0D; &#x0D; Pt has shortness of breath suggestive heart failure and hypertension&#x0D; &#x0D; Pt has dizziness and giddiness. &#x0D; &#x0D; Pt has malaise and fatigue; 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	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 has retrosternal chest discomfort suspicious for angina; he has multiple risk factories for cad including a strong family history. Syncope has had recurrent episodes over the past year, the most recent about a month ago. he also gets loss of c; 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	This 42 year old male presents for Chest Pain, Bradycardia and Raynaud's Disease. Enos Krupnow is a 42 year old male who presents to the clinic to establish care. Patient has c/o chest pain, weakness, bradycardia. Patient also reports that he has been 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 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 40 or greater	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 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	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.; 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.	4
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.; 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 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.	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) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	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) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	14
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.	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 study is requested for known or suspected cardiac septal defect.	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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	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).; 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	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 - will fax in clinicals; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	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 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 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/08/2016; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 Vascular Disease.; Unknown; 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/04/2018; There has not been any treatment or conservative therapy.; ANGINA, HYPERTENSION, 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2018; There has not been any treatment or conservative therapy.; Chest pain, 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	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.	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	CURRENT EVERYDAY SMOKER, HAS CP, SOB, TACHYCARDIA. Reflex sympathetic dystrophy of bilateral upper limbs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN DATE FIRST HAD CHEST PAIN AND SOB. HAS HAD TACHYCARDIA BY HISTORY; It is not known if there has been any treatment or conservative therapy.; CP and has a history of chronic tachycardia. She has RSD and has significant pain issues. She has been diagnosed with anxiety attacks before as this is what the ER has told her. She also has significant hypertension at times. She also has SOB at times ass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Known CAD, hyperlipidemia, shortness of breath on exertion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2018; There has not been any treatment or conservative therapy.; Angina, chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 bundle branch block; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/6/2018; There has been treatment or conservative therapy.; CAD, chest pains, left bundle block; patient went to the ER, 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	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	mitral valve replacement. Abnormal EKG.; 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	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 an annual review of known 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; It has been 24 months or more since the last echocardiogram.; Known or suspected valve 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; 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	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.; 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
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.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	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.; It is unknown what type of cardiac valve conditions apply to this patient.	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 initial evaluation of suspected valve 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 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
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.	4
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.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	7
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 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.; 04/08/2016; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 chest pain, abnormal ekg, shortness of breath 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	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 NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.; This is for the initial evaluation of abnormal symptoms, 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.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.; 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
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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	15
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 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 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
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 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.	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 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.	20
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, shortness of breath, syncope 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	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 palpitations, abnormal ekg and 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 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; The member does not have known or suspected coronary artery disease	4
Chiropractic 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
Chiropractic 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
Chiropractic Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for trauma or injury.; 10/2018; It is not known if there has been any treatment or conservative therapy.; Pt suffers with short term memory loss and pain in 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
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
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; symptoms rt sided neck pain and now left sided pain; 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.	2
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.	3
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; BACK PAIN, SPINAL STENOSIS; CHIRO 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
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.	3
Chiropractic 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 asymmetric reflexes.	1
Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Thoracic study: moderate scoliosis with radiating thoracic pain. Has not improved under therapy since 3/22/2018. &#x0D; &#x0D; Lumbar study: lumbar spine pain radiating into legs which feel painful and "won't quit moving" when the patient sits. No substantial impro; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/30/2018; There has been treatment or conservative therapy.; pain; chiro. home exercise , blood work , 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; BACK PAIN, SPINAL STENOSIS; CHIRO 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
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	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 Neurological deficit(s)	2
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Thoracic study: moderate scoliosis with radiating thoracic pain. Has not improved under therapy since 3/22/2018. &#x0D; &#x0D; Lumbar study: lumbar spine pain radiating into legs which feel painful and "won't quit moving" when the patient sits. No substantial impro; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Chiropractic Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/30/2018; There has been treatment or conservative therapy.; pain, chiro .home exercise ,blood work , 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	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
Chiropractic Medicine	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 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
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 foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient 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
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.; This study is being ordered for 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	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.; 10/2018; It is not known if there has been any treatment or conservative therapy.; Pt suffers with short term memory loss and pain in 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
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
Colon & Rectal Surgery	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	2
Colon & Rectal Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lumbar and Right hip - Increased 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
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A MASS WAS SEEN BY CT & THIS IS GOING TO BE USED FOR PRE-OP; 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

Colon & Rectal 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 being ordered in conjunction with a pelvic MRI; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Colon & Rectal Surgery	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
Colon & Rectal Surgery	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	2
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
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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Colon & Rectal 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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Colon & Rectal Surgery	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
Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical 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.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	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
Doctors and Rehabilitation	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
Doctors and Rehabilitation	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 lower extremity weakness.; 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 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	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 Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	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.; The patient has suspected prolapsed mitral valve.	4
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.	93
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 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	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.	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 initial diagnosis of congenital 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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 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 is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 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 NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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; 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.	1
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.	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; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Doctors and Rehabilitation	Approval	72141 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

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.	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; 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 reports weakness and falls; Neurologic: no memory problems, no weakness, no numbness, unsteady gait, falls while walking ; Cervical Spine; Inspection: alignment normal; Bony Palpation: no tenderness of bilateral cervical facet joints", no tendern	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.;	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.; History of a tibial plateau fracture and subsequently developed complex regional pain syndrome after ORIF. For presurgical planning in preparation for spinal cord stimulation I would recommend advanced imaging of the thoracic spine with MRI to ensure safe	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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Several months neck and mid back pain.	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.	1
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 have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 Inflammatory/ Infectious Disease.; Eight year ago; There has been treatment or conservative therapy.; Lumbar pain with radiation down right lower extremity; Physical therapy, HEP, NSAIDs, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
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	109
Doctors and Rehabilitation	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.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	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.	2
Doctors and Rehabilitation	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
Doctors and Rehabilitation	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
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.; This study is being ordered for 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 had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for 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
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).	4
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.	64
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.	64
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 for pre-surg testing w risk factors diabetes, hypertension, hyperlipidemiaand chronic renal dz... also having shortness of breath and sleep apnea. also dyspnea on exertion. Neurologic: weakness and dizziness and no loss of consciousness; Mild con; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		u/k; 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	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	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		abnormal cardiovascular studies reveal possible atrial septal defect. need this procedure to officially diagnose; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	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.	7

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.	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 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.	2
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 used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	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
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms., There is weakness.; Weakness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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 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.	10
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 is 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.	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;		; 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	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 study is 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 complains of chest pain with abnormal ecg, found to have a systolic murmur. Needs cardiac evaluation; There has not been any treatment or conservative therapy.; Chest pain and murmur; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 BMI is 20 to 29, chest heaviness that radiated down both arms shortness of breath history of smoking hypertension sedentary lifestyle; 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;		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.	3
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.; The patient has not had a recent non-nuclear stress test.; For the past year c/o SOB. Worse with exertion. Moderate (CCS/NYHA II). No associated chest pain. Lasts ~ 5 minutes. Noted to have HR ~ 50 in PCP's office.; 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
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; 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
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; 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
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having increased neck pain and numbness and tingling to arms; This is a request for 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
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; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	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.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.;	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.	5
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; PAIN IN BACK AND SHOULDERS; 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
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 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

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	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	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	14
Doctors and Rehabilitation	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.; 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	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 normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	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	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.; This study is being ordered for Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency 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.	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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Emergency 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	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.	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 an Abnormal x-ray indicating a significant abnormality	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 Neurological deficit(s)	2
Emergency 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
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 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
Emergency 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

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	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 male.; A rectal 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 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
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	1
Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		abnormal CT shows liver lesions. Newly found. see report; 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
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)		Patient has Rheumatoid arthritis and COPD and is on o2 and cannot walk on 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
Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	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.	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	1
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	acute confusion, forgetting, cannot recall any details. denies headaches, CT Brain, CTA no conclusion, no major atrial conclusion. Symptoms realte to anmesia TIA.; 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
Emergency 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	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; 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.; hx of herniated disc in lower cervical spine pain radiates down rt shoulder	1
Emergency 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; radiculopathy: 11/11/2018; neck pain began a month ago; There has been treatment or conservative therapy.; pt is unable to walk; 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
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has been taking medication but continues to have pain radiating down legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Symptoms worsening instead of getting better; This study is being ordered for a neurological disorder.; 11/18/2018; There has been treatment or conservative therapy.; Radiculopathy with sharp pain radiating down both lower extremities. No fracture on x-ray; 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
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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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 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.; will attach clinicals; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Emergency 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 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
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient was in a mva and has neck pain, n/v/d, and fever; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	severe abdominal/pelvic pain. checking to see if patient has an infection- appendicitis, diverticulitis, etc.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; 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
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.; The study 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
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	abnormal EKG; 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
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	Family hx of CAD htn abn ekg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
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	high-sensitivity troponin trending upwards with a number that we consider significant that may indicate cardiac event.; 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	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
Endocrinology	Approval	70450 Computed tomography, head or brain; without contrast material		Dizziness; Headache, chronic, new features; severe headaches and FH brain tumor&#x0D; Dx: Worsening 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
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Endocrinology	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
Endocrinology	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
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	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.; 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.	111
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	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
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	c/s pt does have hx of corroded artery stenosis, want to further evaluate with cta of head and neck, pt has been on medical mgmntm has remained stable until recent episodes of passing out and dizziness.; This study is being ordered for Vascular Disease.; c/s 05/2018; There has been treatment or conservative therapy.; c/s pt is having dizziness, she has passed out; pt on beta blockers, pt is taking 2 anti coagulants, pt is also on blood pressure 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	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
Cardiology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	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

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.; 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
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 patient has a chronic or recurring headache.	1
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		failed his growth hormone stimulation test; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is 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
Endocrinology	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; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.; 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.; 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
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.	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.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She denies any chest pains on followup today but has significant fatigue and shortness of breath on exertion. She says she is trying to quit smoking and has not been successful. She says she is really worried about her lymphadenopathy that she was recent; 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
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	15 years ago patient had a SVT Ablation; This study is 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.; Shortness of breath, substernal chest 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
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	Checking status of aortic repair and for further aneurysm; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; Unknown; Aortic repair 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



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	CHEST PAIN, SHORTNESS OF BREATH, LUPUS, PALPITATIONS, BROTHER AND FATHER HAVE HAD AORTIC ANEURYSMS.; This study is being ordered for Vascular Disease.; 09/03/2018; There has been treatment or conservative therapy.; CHEST PAIN AND SHORTNESS OF BREATH; 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	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	Event monitor reported episodes of sinus tachycardia.Bicuspid aortic valve; 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 another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	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	Unknown; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; It is not known whether there is a 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
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; 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
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		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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		; The patient is over 17 years old.; 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 non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	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 ls 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 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
Endocrinology	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 is suspicion of an adrenal mass (pheochromocytoma); The suspicion of an adrenal mass was suggested by an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Endocrinology	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.; It is not known if there is a 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
Endocrinology	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
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 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
Cardiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING, WEAKNESS, L SHOULD 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

Cardiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2018; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING, WEAKNESS, L SHOULDER 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
Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Looking to rule out spinal stenosis. Patient is experiencing worsening symptoms of numbness in both lower extremities.; 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
Cardiology	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
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	Ascending aortic aneurysm: Aneurysm measures 5 cm on echocardiogram. She also appears to have a bicuspid aortic valve. I recommend CT scan of the aorta to evaluate the dimensions and to evaluate the entire aorta. I also recommend she undergo transesoph; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2018; 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
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.; 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
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	; 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
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 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
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 Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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 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."; R/o tumor.	1
Endocrinology	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).	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 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 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	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

Endocrinology	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
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen 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
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.; 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.; It is not known if the study is 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
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.; Mr. Wright is a 45 y/o male who presents today for evaluation of chest pain. &#x0D; For the past 5 years c/o left sided chest pain. Moderate. Sharp/burning. No radication. Not worse with exertion. Worse after eating. Stable. No associated symptoms. Had ; 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	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.; Chest pain: Somewhat atypical, but with normal stress testing a year ago, I plan to get a CT angiogram of the coronaries to assess for degree of coronary disease, calcium amount, and whether his chest pain is anginal or not, and for any significant steno; No, there is no 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 is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
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.	13
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient is not diabetic.; 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 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.; 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 a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient is less than 45 years old.	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
Endocrinology	Disapproval	76390 Magnetic resonance spectroscopy	Radiology Services Denied Not Medically Necessary	This is a request for MRS.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2/16/18; There has been treatment or conservative therapy; pain poor appetite cyst renal and liver; 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
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; 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
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 seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		1
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
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	2
Gastroenterology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		1
Gastroenterology	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
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	Patient with inguinal hernia of right side with obstruction and without gangrene. Imaging is to evaluate hernia. Patient is status post liver transplant.; 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
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; July 1, 2018; There has been treatment or conservative therapy.; elevated Lipase (972) abdominal pain; CT scan, Labs, Colonoscopy, 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	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Change in medication; This study is being ordered for inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Crohns disease; Rx medication 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
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.	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	THIS PT PRESENTS WITH A LONG HX OF CROHN'S DX. PT HAS HAD LONG HX OF CROHNS. PT HAS HAD SEVERAL SURGERIES FOR THIS. WE ARE WANTING TO ORDER A MRI TO AVIOD RADATION.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other; 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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; 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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);.; The patient had a recent CCTA 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	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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; 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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		abnormal imaging showing common bowel dilation, elevated liver function test; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		AFP level was 82.2. Normal range is 0.0-8.3. Concerned about having a lesion on his liver. The patient has Hepatitis B.&#x0D; I am faxing all of his clinic notes and his results.; 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

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		elevated AFP; 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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		ELEVATED AFT; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		It seems likely that this is due to functional dyspepsia. However, given the age of the patient and his family history of pancreatic cancer in his father, I think further evaluation of these symptoms is warranted.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Pain- see N18121100274 - 055762201 ** 12/11/2018 2:31:06 PM Michelle R Gill, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by dr ellison. Synopsis of discussion: splenomegaly and LUQ pain only wants abd ct says that is wh; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has abdominal pain, weight loss, early satiety and nausea. Her lab work is normal except LFT's and EGD performed on 12/11/18 was normal except for a hiatal hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	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	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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	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 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	; 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	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 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	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.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; 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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3
Gastroenterology	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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt; no; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2/16/18; There has been treatment or conservative therapy.; pain poor appetite cyst renal and liver; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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 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	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 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 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
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	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 high risk for cardiac etiology; Family history of early CAD; Here for evaluation of chest tightness episodes. She reports that for approximately the last 2 weeks, she's developed upper midsternal chest tightness episodes. Episodes typical; 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, hypertension, coronary artery disease, 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	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	coronary artery disease, congested heart failure, diabetes, 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 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	diabetic, smoker, hypertension, peripheral vascular dz; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal 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 post stent placementNo 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	exertional dyspnea; palpitations; lightheaded and dizzy; right axis deviation on EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1



Cardiology	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	He reports chest pain, he has intermittent right sided pain, states "90% of the time it is indigestion, rolaids, turns, omeprazole usually works, so I contribute the pain to indigestion". He recently had a calcium score of 237; 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
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		40lb weight loss in the last 3 mos; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2018; There has not been any treatment or conservative therapy.; weight loss, abdominal pain, trouble swallowing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		abd pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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		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 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		Abnormal weight loss&#x0D; Chest pain&#x0D; Chronic abdominal pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-01-2018; There has not been any treatment or conservative therapy.; Abnormal weight loss&#x0D; Chest pain&#x0D; Chronic 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Duration of Symptoms: Start: 09/26/2018 &#x0D; &#x0D; Physical Exam Findings: Pt with hx: rectal abscess/fissures, severe crohn's. C/O 2 wk hx of abd pain, both upper and lower quadrant. also C/O night sweats, nausea. abdominal mass palpated upon exam.&#x0D; Abdomen&#x0D; *; 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 Crohn's Disease.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		gall bladder ultrasound, had an hyda scan and both were negative, kub, and abdominal ultrasound and a tiny stone; This is 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
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 Laboy is a 27 year old male referred for non sustained VT. A 4 beat run of non sustained VT was noted on heart monitor at a rate of 105 bpm. She reports episodes of dyspnea, lightheadedness and palpitations. This started about a year ago. It seems to b; 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 Robinson is a 43 yr old female who presents for return visit. Known history of CAD s/p STEMI with stenting LAD March 2016 with EF 40%. Cardiac cath August 2016 revealed nonobstructive CAD. DSE in 2016 revealed EF 40-45% with indication of ischemia. Hi; 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	Patient with complaint of chest pain is referred by primary care for evaluation. Patient is unable to walk treadmill due to chronic back pain and arthritis. Patient is a current smoker. Patient is diabetic. Patient has hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 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	Pertinent history includes: Hypertension, Mitral Value Prolapse, family history of premature CAD. Patient complains of palpitations, irregular heart beats, for years, no associated symptoms, chest pain present for about 1 year. Risk factors: positive family; 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 relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		I81 Portal vein thrombosis &#x0D; History / Dx: R11.0 Nausea&#x0D; History / Dx: I85.10 Secondary esophageal varices without bleeding,&#x0D; Other: she has diffuse fleeting abd pain and bloating. mild constipation. previous ct showed cavernous transformation of por; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient was diagnosed with gastroparesis many years ago. She was seen by Dr. Hughes back in April 2018 and presents October 23, 2018 for follow up. She complains of increased nausea and vomiting. She states it comes from nowhere and she will have to run 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 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		Pt has liver lesion found on US done 8/27/18. She has had normal lab work. FU; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient had a colonoscopy on February 2, 2018 that showed focal active colitis and Hyperplastic polyps. She had an EGD on April 6, 2018 that showed gastritis.; This study is being ordered for Inflammatory/ Infectious Disease.; January 2018; It is not known if there has been any treatment or conservative therapy.; She is having diarrhea 30-40 pound weight loss, and reflux.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 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
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 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

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.; 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	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	Pt here for initial cardiology consultation for congestive heart failure and shortness of breath. He went to the Emergency Room at Unity Hospital with complaints of fatigue and weakness. He had a positive D Dimer and had a CT scan. He is having more short; 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	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 now s/p SVT ablation 2/2017. She underwent electrophysiology study, ablation of two different right atrial tachycardias on 01/05/2017.&#x0D; &#x0D; Pt has Supraventricular Tachycardia; 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	shortness of breath previous MI; 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	The patient is a 48-year-old white male with a history of hypertension, chronic smoker, hyperlipidemia, diabetes, SVT with WPW syndrome per patient, reports CKD with a creatinine of 0.9 in 03/2018 with potassium of 4.4 at that time, sleep apnea, unable to; 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 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	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
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.	21
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; For clearance.; 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.; 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 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.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a few months ago; There has not been any treatment or conservative therapy.; chest pain 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	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) 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	; This study is 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 complains of chest pain with abnormal eeg, found to have a systolic murmur. Needs cardiac evaluation; There has not been any treatment or conservative therapy.; Chest pain and murmur; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
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.; 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
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.; 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
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 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.; 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
Gastroenterology	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 know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; 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.; 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 has Diverticulitis.; 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.; 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
Gastroenterology	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	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 study is being ordered for Vascular Disease.; Pt has had a long history of CAD has stents in RAC and LAD has MVR and AVR. Pt is very high risk.; There has been treatment or conservative therapy.; Chest pain with shortness of breath. MVP and AVP; Pt has CAD with stents in RCA and LAD. MVP and AVR extensive history of cardiac 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	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	has chest pain on exertion; This study is 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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Palpitations 11-12-2018; There has been treatment or conservative therapy.; Heart palpitation, heart racing, chest pain.; Heart monitor on 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
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	patient with 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) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	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	patient with shortness of breath and 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) 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	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.	7
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.; 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) 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; 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
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) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	7
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 request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1
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 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

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 Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
Gastroenterology	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	3
Gastroenterology	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	7
Gastroenterology	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
Gastroenterology	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
Gastroenterology	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	2
Gastroenterology	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
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 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
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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	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 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
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.; 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	The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; Patient needs evaluation of CAD by Stress Echocardiogram.; 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.	1
Cardiology	Withdrawal	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
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; 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

Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt had injections but caller is unaware when; 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		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	15
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 an Abnormal x-ray indicating a significant abnormality	1
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.; Acute or Chronic back pain; The patient does not have 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?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	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 an orthopedist.	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.	3
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		swelling and giving away with 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.; This study is being ordered for 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
Chiropractic Medicine	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.; This study is being ordered for None of the above; Limited range of motion	1
Chiropractic Medicine	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 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
Chiropractic 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.;	1
Chiropractic 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; This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; 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; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if the patient 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	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.; 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.; Chronic severe thoracic back pain severe spine distortion	1
Chiropractic Medicine	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 bilateral legs LBP; 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.; 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	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.; off and on for years, xray showed effusion; There has been treatment or conservative therapy.; effusion, pain, difficulty walking, massive swelling; taping, ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Rectal polyp Pre-op; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	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 suspicion of pelvic inflammatory disease or abscess.	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?	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 did not have an Ultrasound.; 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.; 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	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 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	6
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.; It is unknown if the patient had an Ultrasound.; 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 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	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 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	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; 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



Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/30/2018; 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
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 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
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 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
Colon & Rectal 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
Colon & Rectal 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 subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Colon & Rectal Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/30/2018; 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
Dermatology	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
Dermatology	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.; None	1
Dermatology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; May 2018; There has been treatment or conservative therapy.; Unknown; Still 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
Dermatology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; May 2018; There has been treatment or conservative therapy.; Unknown; Still 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	2
Dermatology	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 Melanoma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	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 patient has a chronic or recurring headache.	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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	1

Doctors and Rehabilitation	Approval	72128 Computed tomography, thoracic 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.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	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.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		nausea, vomiting & weight loss; 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 present for consult and was referred by her PCP for continued worsening abdominal pain. This issue began 1 year ago and has gone unresolved. Dr. Angtuaco has ordered this test to further evaluate the cause of the worsening 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
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."; Patient with continued abdominal pain and recurrent pancreatitis	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."; Per pt, she has a history of pancreatitis. Currently with LUQ pain and elevated CRP	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.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	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.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; & Enter answer here - or Type In Unknown If No Info Given. &	1
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."; Adenoma	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 with hepatocellular carcinoma requiring updated imaging for surveillance of treated tumor.	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.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; liver lesion suspicious for hemangioma. A 5.1cm lesion in the liver suspicious also for hemangioma.	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.;	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 listing for a liver transplant. Imaging is to check for liver 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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; evaluation 3.4 cm mass associated w/neck and body	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."; Recent abdominal ultrasound showed dilated common bile duct can not rule out obstruction. She also has right upper quad pain that radiates into her back.	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."; Patient had a ultrasound that showed gallstones and 3 small liver lesion.	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."; US shows small nodules in R hepatic lobe	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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; ABN MRI ABD WITHOUT CONTRAST &#x0D; LIVER LESION&#x0D; RADIOLOGIST REQUESTED MRI ABD WITH CONTRAST	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."; Elevated LFTs common bile duct dilated fatty 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.; 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 an abnormal ultrasound, MRI, and pet scan. This is a f/up 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.; 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."; PT HAD AN U/S OF THE ABD AND HAS HETEROGENEOUS OF THE LIVER. PT'S LFT'S ARE ABNORMAL AND PT HAS A HX OF CIRRHOSIS.	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.	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	3
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.; liver lesion seen in previous MRI from the Mayo clinic, evaluate the small bowel is not inflamed, previous ultrasound.	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.; no.	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 colitis- previously on our colonoscopies noted to be extensive colitis, may have been pan colitis on prior examinations when she was diagnosed at 13. &#x0D; - Do not see any evidence of perianal disease when discussing with her, unsure of CD diagno	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.	18
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.	18
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.	1
Doctors and Rehabilitation	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
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.; 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
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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
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.	7
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Weight Loss; 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	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material			1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		Mass found.; 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		Patient had a stent placed in August of 2018 and is unable to stop blood thinner (Brilinta) until August of 2019. Cardiac Clearance for colonoscopy denied.; 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		stiffened sigmoid colon, patient is on blood thinners; 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 listing for a liver transplant. Imaging is to evaluate for abnormalities within the heart.; This is a request for a CT scan for evaluation of coronary calcification.	1

Gastroenterology	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
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	3
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		attention to the pancreas; 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)		Dr. Nutt has ordered a MRCP on this patient b/c she is having RUQ abdominal pain and had an abnormal CT scan that showed prominent bile ducts.; 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)		Pancreatic mass; 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)		Patient has had an extensive GI workup. He has primary sclerosing cholangitis with bridging fibrosis. He continues to have elevated liver functions as well.; 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'S GALLBLADDER SHOWED SLUDGE AND SHOWED THAT IT WAS "KINKY". WE HAVE TRYING TO RULE OUT STONES AND FURTHER EVALUATE HER LIVER. HER LIVER FUNCTIONS ARE ELEVATED.; 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)		The patient tested positive for hepatitis C in 1993. He has not had treatment previously. Viral load is positive 6/2018. He had a blood transfusion in 1971. ALT and AST are elevated. He denies alcohol or illicit drugs use. He has not been vaccinated; 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)		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.	2
Gastroenterology	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
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		This patient had a recent CT scan that showed dilated bile ducts and dilated pancreatic ducts. It also showed a large hiatal hernia that has caused the majority of her stomach to be pushed up into her chest. ERCP could be a risky procedure because of t; 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.; "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
Gastroenterology	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
Gastroenterology	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
Gastroenterology	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.; May 2018; It is not known if there has been any treatment or conservative therapy.; 16 pound weight loss since May 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
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	40lb weight loss in the last 3 mos; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2018; There has not been any treatment or conservative therapy.; weight loss, abdominal pain, trouble swallowing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	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

Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal weight loss; Chest pain; Chronic abdominal pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-01-2018; There has not been any treatment or conservative therapy.; Abnormal weight loss; Chest pain; Chronic 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
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	AGD procedure was done, having esophagitis, esophageal ring, having chest pain, and dysphagia. Cardiology evaluation, that's ok. Nausea, weight loss. Was in the ER on 11/16/2018, Echo and stress test done, looks normal. Hiatal hernia.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Status post liver transplant patient with elevated liver function, imaging is for post transplant complications.; 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
Gastroenterology	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.; Patients presents for consult with complaint of right sided pain. He states this is ongoing for the past year. He states the pain comes on suddenly and mainly on the right side and radiated from the mid-back over to his right side. He says it is almost co	1
Gastroenterology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Ultrasound EGD; This study is being ordered for trauma or injury.; 10/31/2018; There has not been any treatment or conservative therapy.; Intense pain radiating from back to abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient was referred by her PCP to follow up on abnormal CT. Her PCP states she has dilatation of extrahepatic bile duct and was sent to Dr. Patel for a GI evaluation. She is being treated currently for IBS. She presented to Dr. Patel with abdominal pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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
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 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
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 nerve study involving the lumbar spine	1
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	15
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)	7
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 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

Doctors and Rehabilitation	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.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Approval	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.; constant pain, limitation to physical activity and exercise, pt tried NSAIDs and gabapentin	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.; 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 not an orthopedist.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.; There is documented findings of severe pain on motion.	1
Doctors and Rehabilitation	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
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 not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability	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 not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	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.; This study is being ordered for Non-acute Chronic Pain; There is no symptom of locking,instability, Swelling,Redness,Limited range of motion or pain.	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	2
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 being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; 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 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 receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	AGD procedure was done, having esophagitis, esophageal ring, having chest pain, and dysphagia. Cardiology evaluation, that's ok. Nausea, weight loss. Was in the ER on 11/16/2018, Echo and stress test done, looks normal. Hiatal hernia.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Chirosis of liver liver disease; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	K21.9; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Gastroenterology	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.; May 2018; It is not known if there has been any treatment or conservative therapy.; 16 pound weight loss since May 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal bloating. Pain. Hard stools.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 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
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 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 lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	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 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
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 receiving long-term steroid therapy (Prednisone or Cortisone); 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 Inflammatory/ Infectious Disease.; Eight year ago; There has been treatment or conservative therapy.; Lumbar pain with radiation down right lower extremity; Physical therapy, HEP, NSAIDs, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	2
Doctors and Rehabilitation	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.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Unknown.	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.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinicals available; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	7
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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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 trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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; It is not known if there has been any treatment or conservative therapy.; No clinicals available; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Please refer to notes from TR# 11279505; This is a request for a thoracic spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	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 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	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; This study is being ordered for trauma or injury.; 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
Doctors and Rehabilitation	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	2
Doctors and Rehabilitation	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had bilateral SI Joint pain for 8 months.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Doctors and Rehabilitation	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; PAIN IN BACK AND SHOULDERS; 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
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	Unknown; This study is being ordered for trauma or injury.; 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
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		patient was in a mva and has neck pain, n/v/d, and fever; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	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	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
Emergency Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		patient was in a mva and has neck pain, n/v/d, and fever; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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
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 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	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
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.; 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
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	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 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	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
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 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
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	8
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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	2
Emergency Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		left ovarian cyst non conclusive through CT and ultrasound.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Emergency 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.	1

Emergency 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 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
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.; This study is being ordered for 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
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling 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 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	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 male.; It is not known if a rectal exam was performed.; 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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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 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.	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 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
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 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
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Symptoms worsening instead of getting better; This study is being ordered for a neurological disorder.; 11/18/2018; There has been treatment or conservative therapy.; Radiculopathy with sharp pain radiating down both lower extremities. No fracture on x-ray; 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
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Emergency 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
Emergency 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 Neurological deficit(s)	1

Emergency 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.; radiculopathy: 11/11/2018; neck pain began a month ago; There has been treatment or conservative therapy.; pt is unable to walk; 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
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.; "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, POSITIVE HAWKINS TEST, INJURY ON 08/16/2018	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	previous imaging abnormal; 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
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 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
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PT has had issue for about 4 months, blood in stool. pain is 9 out of 10. Did have colonoscopy 10 years ago, has bowel leak edge & has to wear pad for that.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	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.; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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
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
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	atypical chest pain; 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
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	pain radiates into right shoulder, patient tried antacids with no relief; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient 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

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 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.; 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.; 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
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	11
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 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 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	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.; 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	9
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	SUDDEN CENTRAL CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The 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
Endocrinology	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
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	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	1
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	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 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
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 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

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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	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 is experiencing fatigue or malaise.	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 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.	3
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.	1
Endocrinology	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Endocrinology	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 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
Endocrinology	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
Endocrinology	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
Endocrinology	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	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 not performed.; Yes this is a request for a Diagnostic CT	11
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 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.; 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 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 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 PT PRESENTS WITH ANEMIA AND UNEXPLAINED GI BLEED. PT HAD A NORMAL EGD AND COLON. REQUESTING CT SCAN TO EVALUATE AND TREAT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 09/22/2018; There has been treatment or conservative therapy.; recurrent episodes of upper quadrant pain following gallbladder removal in 2010; medication, hospital stay for IV fluids, etc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Suspicious lesion.; This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	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 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
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 pre-op or post op evaluation.; 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
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 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
Endocrinology	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		This is a request for Parathyroid SPECT imaging.;	1
Endocrinology	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
Endocrinology	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.	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 suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Patient is a liver transplant recipient. Liver cancer diagnosis while transplanted. Since patient is a transplant recipient tested for recurrence of cancer every 3 to 6 months because of the medications the patient is taking. As the patient has the trans; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; "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."; Abnormal findings on diagnostic imaging of body structures	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	1
Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has family history of colon cancer, bloody stool; 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	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	1
Gastroenterology	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 being evaluated for a liver transplant. Testing is to evaluate cardiac abnormalities.; 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	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2
Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	patient present today for a follow up visit. He states he continues to suffer from upper right quad pain and reports a pressure like sensation. his intestinal isoenzyme levels remain high and so does alkaline phosphatase isoenzyme levels. Concerned that t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	Ultrasound was done in August, normal, however the MRCP reasoning is to check the pancreas is to ensure that there isn't a stone or anything that was missed; Physician is wanting to ensure the pancreas is okay considering the change in medication; patient; This study is being ordered for Inflammatory/ Infectious Disease.; September 26, 2018; There has been treatment or conservative therapy.; Onset severe abdominal pain; patient has multiple times higher than normal lipase; 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	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
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Pt had a colonoscopy on February 2, 2018 that showed focal active colitis and Hyperplastic polyps. She had an EGD on April 6, 2018 that showed gastritis.; This study is being ordered for Inflammatory/ Infectious Disease.; January 2018; It is not known if there has been any treatment or conservative therapy.; She is having diarrhea 30-40 pound weight loss, and reflux.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Staging, new diagnosis; 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
Gastroenterology	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; &lt; Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material		Pt has a Hx of Celiac Disease and is now having abd pain and bloody diarrhea.; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/18; 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
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patent presents for consultation for continuing abnormal pain. The symptoms have been progressive since onset. She has been having heartburn, constipation, and diarrhea. She did have a colonoscopy and EGD with another physician in 2017 and has followed u; 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
Gastroenterology	Disapproval	S8037 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.	1
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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 02/20/2018; There has not been any treatment or conservative therapy.; NECK SPASMS NUMBNESS AND TINGLING MEMORY DIFFICULTIES HEADACHES RIDICULAPATHY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		Duration of Symptoms: Start: 09/23/2018 &#x0D; &#x0D; Physical Exam Findings: headaches and severe tremors of bilateral hands at rest&#x0D; Neurological&#x0D; Comments&#x0D; severe tremor at rest of both hands and head and it gets worse as she signs her name&#x0D; &#x0D; 1. Headache &#x0D; On; 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		headaches continue. shifts from temples, back of head , and jaw; 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		History of head injury of physical injury and trauma; 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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Patient comes in today complaining of headaches and some facial pain. Patient states he got hit in the face 10 days ago. Has a history of facial reconstruction in 2007; 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		patient has facial trauma and worst headache of life; 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		Patient is having problems with his right foot and left arm, ankle was swollen 10/05/2018 and has a cold feeling in his whole right foot. left arm seems to be having tremors and shakes that are getting stronger and it happens every day.Can't sleep on his ; 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		Patient presents to clinic with chronic headaches, eye pain and history of left temporal osteoma.; 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
Gastroenterology	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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		follow up from a mri last 12/2017, pancreatic cyst 1.1 cm cystic lesion, making sure the lesion has not grown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

				MESSAGE &#x0D; &#x0D; &#x0D; &#x0D; Patient Name GINA WILLIAMS&#x0D; Date of Birth 05/20/1974&#x0D; Date of Call 10/01/2018 &#x0D; Home phone (479)841-5518&#x0D; Day phone (479)521-1107&#x0D; Alternate phone (479)841-5518&#x0D; _____; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material			
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Patient presents with continuing epigastric pain. She had an EGD with biopsy that was negative and an ultrasound that showed no findings. She continues to have this chronic pain in the epigastrum area. Dr. Jones is looking for the cause of this ongoing; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		pt had moderate mid upper abdomen tenderness near her old incision site for gall bladder removal; ruling scar tissue, hernia or possible lesions; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Pt has had weight loss; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Patient reports cough , wheezing, and shortness of breath but reports no coughing up blood. She reports muscle aches and arthralgias/joint pain. She reports weakness and dizziness but reports no loss of consciousness, no numbness, no seizures, and no head; This study is being ordered for Vascular Disease.; 2011; There has been treatment or conservative therapy.; HEART MURMUR&#x0D; POSSIBLE STROKE; STENTS PUT IN 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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		PT HAD A RECENT FALL WITH HEAD INJURY, STILL HAVING PAIN AND DIZZINESS, Hematoma with palpable mass in the left cheek and been blowing blood from left nostril as well . Vision not affected. Advised of further eval with ct scan after XR done . recurrent sp; 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 RECENTLY SEEN IN ER FOR NUMBNESS IN HER FACE, Left side feels static like, tingling, WITH HEADACHES CAUSING DIFF WITH CONCENTRATION. Bell's Palsy 2007. CURRENT EVERDAY SMOKER. loss of ability to talk think or perform any of her duties.lasted for 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 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 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.	6
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		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.	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.	2
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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	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 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.	4

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.	3
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Virginia is here for apparently seizure on Tuesday. She had twitching of R eye while at work, lasted 3 hrs, associated the R side body numbness. No brain injury or seizure history in the past. She had another episode at night, she complained of RUE numbne; 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	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material			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"	1
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	9
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	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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 study is being ordered for Inflammatory/ Infectious 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	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 (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	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	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Chronic; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	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 pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	2
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	15
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Want to rule out mass/tumor due to elevated AFP.; 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
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			11

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 is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Had a CT done in august Mcrotriding Pancreatitis; This is 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	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 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	70486 Computed tomography, maxillofacial area; without contrast material		Left ocular pain, peri-ocular numbness; "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		Patient has been seen multiple times this year for recurrent sinusitis and ear infections.; 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		patient has facial trauma and worst headache of life; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		PT HAD A RECENT FALL WITH HEAD INJURY, STILL HAVING PAIN AND DIZZINESS, Hematoma with palpable mass in the left cheek and been blowing blood from left nostril as well . Vision not affected. Advised of further eval with ct scan after XR done . recurrent sp; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70486 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	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.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 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 unknown.; 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 (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	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	2
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	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
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 NOT 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	Mass (back of tongue, right side x 3 week painful ); Sore Throat; and Cough patient has also been treated on two different antibiotics and is not getting any better at this point.; 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
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Nausea, vomiting, severe stomach cramps ultrasound does not show any anything but patient has lost weight drastically the past 4 months.; 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	Neck is swollen and patient has difficulty in moving neck and neck size is increasing day by day.; 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	Neck: supple and no masses. Lymph Nodes: cervical LAD; right node enlarged 1 in below ear. Nontender, mobile. Firm.; 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	On the left mandibular angle there is a mass approximately the size of half unremarkable which is well circumscribed and freely movable no overlying skin changes including erythema are noted on the right side there is a similar mass in a similar position ; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient had colonoscopy 11/14/18 and EGD at the same time. She is complaining that her abdominal pain is worsening. She has been treated with medication but that does not seem to be helping. This test is being ordered to seek the cause of the patients pa; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is a liver transplant recipient. Liver cancer diagnosis while transplanted. Since patient is a transplant recipient tested for recurrence of cancer every 3 to 6 months because of the medications the patient is taking. As the patient has the trans; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Patient seen 11/8/18 for follow up. She has been diagnosed with NAFLD/NASH and has remained stable until now. She complains for chronic diarrhea. Sometimes she has 5-7 loose stools per day and experiences fecal urgency. She complains of abdominal cramping; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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	PERIUMBILICAL ABDOMINAL PAIN, MID EPIGASTRIC PAIN WITH VOMITING, HISTORY OF CONSTIPATION TREATED WITH LINZESS AND A BRAT DIET. NAUSEA, VOMITING, WITH REPORTED WEIGHT LOSS, WILL HAVE ENDOSCOPY. FATHER WITH COLON CANCER AT AGE 55. ADHESIONS HISTORY OF.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has a hx of abd pain and diarrhea and ulcerative colitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		Staging, new diagnosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 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
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.; 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 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 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
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.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	6
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.; 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
Gastroenterology	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.; 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.; 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.; 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.; 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 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	70490 Computed tomography, soft tissue neck; without contrast material		Parotid swelling&#x0D; K11.9: Disease of salivary gland, unspecified&#x0D; CT, NECK, SOFT TISSUE, W/ CONTRAST&#x0D; Rule Out: round firm swelling noted anterior to left ear Side: LEFT&#x0D; Parotid swelling&#x0D; K11.9: Disease of salivary gland, unspecified&#x0D; CT, NECK, SOFT TISSU; 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		patient has a mass of undetermined source, after an abnormal ultrasound, radiologist recommended a follow-up CT; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		She appears well, vital signs are as noted. Eye exam - pupils equal and reactive, extraocular eye movements intact. ENT exam reveals - 1-2 cm firm tender mass palpated on lower right jaw line.; 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.; 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
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	53
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 a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/17; There has been treatment or conservative therapy.; dizzy, headaches, vomiting,TIA; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		PT will no longer work with patient until there is evidence of no arterial occlusion and there has been no effective treatment at this time.; This study is being ordered for Vascular Disease.; 05/14/2018 initial visit for complaint; There has been treatment or conservative therapy.; Severe Vertigo; Pt was given at home exercises to do as well as OTC Meds for nausea without improvement. The patient was then referred to Physical Therapy but then discharged due to inability to complete sessions due to severe Vertigo. There is a concern of Vertebral Art; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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.	11
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/18, There has not been any treatment or conservative therapy.; HIGH BLOOD PRESSURE ON RIGHT SIDE, NO BLOOD PRESSURE DETECTED 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	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/4/2018; There has been treatment or conservative therapy.; mbr has vision loss in left eye HX optic stroke ultrasound abnormal; ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		had a ultrasound of abdomen and carotid us. both were abnormal findings; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; skin discoloration; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		History of cardiovascular disease, carotid doppler shows 50 to 70 percent stenosis of right ICA.&#x0D; Associated nausea and "motion sickness" suggest vertebral origin.; This study is being ordered for Vascular Disease.; August 2018; There has been treatment or conservative therapy.; Transient loss of vision in right eye, lasting up to 30 minutes; Plavix. Pt is allergic to aspirin. Also being treated for hyperlipidemia with lipitor. Also hypertension with Lisinoprol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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.	14
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	1

General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 6/16/18; There has been treatment or conservative therapy.; vision change, gait; PT evaluation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	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
Gastroenterology	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
Gastroenterology	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	3
Gastroenterology	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	3
Gastroenterology	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
Gastroenterology	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
Gastroenterology	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.; 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		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 study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is being requested for abdominal and/or pelvic pain.; 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.; 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 ; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		history of bells palsy; This study is being ordered for a neurological disorder.; 10/23/18; 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
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Imaging is required to determine the cause of the swelling and pain due to symptoms not getting better with medications.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/31/2018; There has been treatment or conservative therapy.; Swelling to eye and surrounding tissue and severe pain; Patient is on antibiotics 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
General/Family Practice	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.; There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.; 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)		This is a request for an Orbit MRI; There is a history of orbit or face trauma or injury.	1
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		He has a remote history of vertebral artery hemorrhage that caused a stroke.; This study is being ordered for a neurological disorder.; 2 to 3 months ago; There has not been any treatment or conservative therapy.; Vision loss, severe spasms in his anterior neck, episodes of vertigo and unable to walk from 4 to 14 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Headache for 5 days, "different" this time. Mild changes in eye position. Tried Epley eye maneuvers, but caused too much vertigo. Father was diagnosed with EP this year.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)		Pt has new onset headaches, no history of migraines. Pt has throbbing pain behind the right ear. This gets worse with exercise.; 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	70544 Magnetic resonance angiography, head; without contrast material(s)		see notes under N18120500131 - 055760795 **12/5/2018 9:45:23 AM Suzette G Powell, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Howard. Synopsis of discussion: Pt has ha that awakes from sleep, case needs to be ; This study is being ordered for a neurological disorder.; 12/03/2018; 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	70544 Magnetic resonance angiography, head; without contrast material(s)		seizure; This study is being ordered for a neurological disorder.; on 12/8/18 patient had a syncope episode and started having convulsions; There has not been any treatment or conservative therapy.; passed out, new onset seizure activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Suspected TIA or Stroke; This study is being ordered for a neurological disorder.; 12/04/2018; There has been treatment or conservative therapy.; left sided weakness, numbness tingling; Eliquis 5mg bid, daily aspirin; US carotid 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Suspected TIA or Stroke; This study is being ordered for a neurological disorder.; 12/4/18; There has been treatment or conservative therapy.; Left sided weakness numbness tingling; Eliquis 5mg bid; daily aspirin; US carotid Doppler; CT head; echo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 an immediate family history of aneurysm.; This is a request for a Brain MRA.	8
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		unknown; This study is being ordered for a neurological disorder.; 9/27/18; There has not been any treatment or conservative therapy.; continuous headache with dizziness, difficulty forming sentences, patient doesn't feel like she is functioning 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		With regard to the headache, onset was yesterday. The location is primarily behind the left eye. Associated symptoms include nausea and photophobia. She denies vision disturbance. Began with orgasm during intercourse last night; 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	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
General/Family Practice	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

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	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.; 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	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
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 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
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	10
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 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	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	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 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; MIGRAINS; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; for 11 years had this problem; There has been treatment or conservative therapy.; history of pain and tingling on left side of her body, weakness in arm and leg , neck and low back pain as well; was on medication and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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.; 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		; This 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 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.; 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.; 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	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 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; 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		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2018; There has been treatment or conservative therapy.; nausea&#x0D; dizziness&#x0D; pressure&#x0D; headache; medication&#x0D; lab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		3 days of double vision and (L) cranial nerve 6th palsy.; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		A mass is present in the region the right facial nerve. This may represent a facial nerve schwannoma. An MRI of the facial nerve with contrast is recommended; 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		CONFUSION, DIZZINESS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Discussed with the pt that with the type MRI brain for persistant and change in headache and locked behind right side behind right eye; 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		dizziness, tingling, sensory changes, weakness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/27/2018; There has been treatment or conservative therapy.; weakness, headaches, confusion, blurred vision, difficulty with balance, tingling in arms and legs, numbness in both hands, difficulty grasping with hands, visual blackouts; home exercises, pain meds, and 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
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 not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	9
Gastroenterology	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	2
Gastroenterology	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
Gastroenterology	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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			13

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; July 1, 2018; There has been treatment or conservative therapy.; elevated Lipase (972) abdominal pain; CT scan, Labs, Colonoscopy, 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	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/18; 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Attestation signed by Jonathan A. Dranoff, MD at 8/15/2018 9:55 AM&#x0D; &#x0D; Pt with difficult, mixed mesenteric thrombotic disease. Her abdominal pain is almost certainly due to venous backup and/or capsular stretch due to hepatic vein thrombosis. In either cas; This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; It is not known if surgery is planned for within 30 days.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Frontal temporal headache for 3 weeks, intermittent but severe when occurring, lasts up to 2 to 3 hours then remit; 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	He has a remote history of vertebral artery hemorrhage that caused a stroke.; This study is being ordered for a neurological disorder.; 2 to 3 months ago; There has not been any treatment or conservative therapy.; Vision loss, severe spasms in his anterior neck, episodes of vertigo and unable to walk from 4 to 14 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	he is able to do everything I ask her to do but has an extended amount of time needed to process a request. Her cranial nerves are intact. She has no current headache or pain with cervical movement. No dizziness or nystagmus noted. She is concerned th; 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	Headache for 5 days, "different" this time. Mild changes in eye position. Tried Epley eye maneuvers, but caused too much vertigo. Father was diagnosed with EP this year.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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	headache, constant x's 2 months , triptan medication did not help. does not feel like her normal migraines, feels like something is "sloshing behind her eyes"&#x0D; need MRI to /o CVA vs space occupying lesion.; This 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	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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	HEENT Present- Headache (SEVERE HAEADACHE FOR THE PAST 5 DAYS CONSTANT GOES TO BED WITH IT AND WAKES WITH IT HAS NOT WOKE HER UP BUT STILL THERE IF SHE WAKES UP NEVER HAD HEADACHE LIKE THIS BEFORE NAUSEATED WITH HEADACHE NO VOMITING HAS TAKEN 800 IBUPROFE; This 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

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Change in medication; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Crohns disease; Rx medication 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient was referred by her PCP to follow up on abnormal CT. Her PCP states she has dilatation of extrahepatic bile duct and was sent to Dr. Patel for a GI evaluation. She is being treated currently for IBS. She presented to Dr. Patel with abdominal pain.; 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's liver functions are showing elevated and patient has lesion of liver. Would like to look closer.; 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 PT PRESENTS WITH A LONG HX OF CROHN'S DX. PT HAS HAD LONG HX OF CROHNS. PT HAS HAD SEVERAL SURGERIES FOR THIS. WE ARE WANTING TO ORDER A MRI TO AVIOD RADATION.; 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 or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; abd 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."; Suzanne Davis is seen today for a follow-up visit. We have followed the patient for evaluation and treatment of chronic diarrhea. Diarrheal symptoms have improved since last visit. Bowel movements are now occurring 1 - 3 time(s) per day. The patient is	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."; There is hepatic cirrhosis with multiple areas of hypoattenuating&#x0D; nodularity. Given the lack of arterial enhancement, I suspect&#x0D; regenerative and dysplastic nodule formation. However, there is an&#x0D; elevated alpha-fetoprotein lab value. I recommend a pre-	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.; evaluate for portal hypertension and/or shunt	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Here today for medicine refills but admits to recent relentless h/a that has caused nausea and vomiting x3 in the last twelve hours with visual disturbances, and limiting activity. Pain is described as a throbbing pound to bilateral temples and forehead w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		History of head trauma, dizziness, repeated falls; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on 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		history of non functioning pituitary micro adenoma, Follow up; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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		Hx of neurofibromatosis and -s/p surgery 2012 -pilocystic astrocytoma left parietal lobe, Has been having recurrent headaches ,Not followed recently with neurosurgery, Seen in august in Er for severe HA , ct scan done at this time . Due for repeat MRI ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are 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		loss of fine motor skills, confusion, right upper extremity weakness, neurological deficits. .; 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		mass on head, 9x8 mil.; 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		Metastatic ca to whole body facial numbness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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)		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; 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 listed for a liver transplant undergoing treatment for hepatocellular carcinoma. Imaging is to restage tumor after treatment.	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.; gastritis located in the stomach antrum	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.; history of hypertension, cholecystectomy, fatty liver disease was diagnosed to have sphincter of Oddi dysfunction and referred to Dallas where she underwent a sphincterotomy in 2011, 2012 and 2017 is in the clinic for a follow up. per my previous note she	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 no ultrasound or plain film evidence of an abdominal organ enlargement.; Shown on MRI organ enlargement htn gastroesophageal varices 4 cm cyst in 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 pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient being evaluated for listing for a liver transplant. Pre-op exam.	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.;"	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 documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Dx: (1) external mass pushing in on anti-mesenteric side of the lumen in the 2nd-3rd portion of the duodenum distal to the ampulla r/o pancreatic mass and abdominal mass	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.;" Dx: (1) external mass pushing in on anti-mesenteric side of the lumen in the 2nd-3rd portion of the duodenum distal to the ampulla r/o pancreatic mass and abdominal mass.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Migraines stress; This 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		MRI Recommended after CT scan; 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.; 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		None; 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		None; This study is being ordered for Vascular Disease.; 8 months ago; There has not been any treatment or conservative therapy.; Mild hearing loss tinnitus right sided 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PATIENT HAS A 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.; 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		patient has a history of aneurysm; 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		PATIENT HAS HAD COMPLAINTS OF HEADACHES WITH LEFT TEMPLE PAIN THAT COME AND GO SINCE LAST OFFICE VISIT IN MAY OF THIS YEAR. SHE HAS BEEN ON TOPAMAX AND STEROIDS IN THE RECENT MONTHS BUT IS NOT HELPING WITH 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.; 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
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.;" Further evaluation with AB/US on 5.16.2018 showed increased echogenicity of the liver may represent hepatic parenchymal disease and/or hepatic steatosis; no focal hepatic mass lesion, biliary ductal dilation, or significant ascites; no splenomegaly. Labs	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.;" MRI done 10/2018. Elev. liver enzymes.	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.;" THIS PT HAD AN ABD U/S THAT WAS ABNORMAL. PT HAS A CYST OF THE PANCREAS, POLYPS ON THE GALLBLADDER AND ABNORM LFT'S. REQUESTING MRI TO EVALUATE AND TREAT.	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.;" Urinary loss of control.weight loss (3 lbs).&#x0D; easy bruising and clotting problems.Mass noted on sono. Elevated AFP&#x0D; &#x0D; Allergies: Y&#x0D; Anemia: Y&#x0D; Cancer: Y - breast&#x0D; Depression: Y&#x0D; High Cholesterol: Y&#x0D; Hyperlipidemia: Y&#x0D; Hypertension: Y&#x0D; Liver Disease: Y	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.;" ascites on CT, possible adenomas	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."; Pt has a mass on the upper left 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 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.;; ELEVATED AFP	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has not had regular menses since age 14. Pt states she took birth control around the age of 14 and stopped taking it, and has not had a regular period since. Admits pre-menstrual symptoms like cramping, but no bleeding. FSH, LH, and prolactin level; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 recurrent migraines and has a history of head trauma; 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 is experiencing dizziness 2 weeks, fatigue, losing balance and headache and spouse stuttering; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is having memory deficit issues and gait is unsteady; 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		Patient is progressively getting more dizzy and has a family history of brain tumors.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		Positive for loss of consciousness. Negative for dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		right side weakness and headaches, trouble getting around affecting knee, problems with bowels; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;; Pt has liver lesion and needs a follow up abdominal MRI.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Unspecified cirrhosis of liver abnormal rad findings dx imaging unsp testicle; 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	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	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		THIS PT IS HIGH RISK SEDATION. HE IS IN RIGHT HEART FAILURE AND IS ON LONG TERM US OF ANTICOAGULANTS. PT HAD A PERSONAL HX OF COLON POLYPS AND A PERSONAL HX OF CANCER. REQUESTING CT COLON TO EVALUATE AND TREAT.; 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 listing for a liver transplant. CT is to evaluate for cardiac abnormalities before listing patient for a liver transplant.; 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 listing for a liver transplant. Transplant Hepatologist and Transplant Surgeon request this CT Coronary Calcification Scan as part of cardiac evaluation for abnormal cardiac issues.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	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)	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 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
Gastroenterology	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
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)			5
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		; 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)		Patient was referred by her PCP to follow up on abnormal CT. Her PCP states she has dilatation of extrahepatic bile duct and was sent to Dr. Patel for a GI evaluation. She is being treated currently for IBS. She presented to Dr. Patel with abdominal pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Patient with Hepatitis C and needing to begin therapy. Had abdominal ultrasound on 8/31 that showed dilated common bile duct and calcified polyp vs gallstone. Needing to rule out any other issues before treating Hepatitis C.; 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 is having severe LT upper quad pain, HX of recurring pancreatitis; 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.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1
Gastroenterology	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.; It is unknown if there has been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; 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
Gastroenterology	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

Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	female who is referred for evaluation of abdominal pain. The pain is located chest, entire abdo, radiating to her back and arms. The pain is described as sharp, and is 8/10 in intensity. Onset was several months ago, Starting in July, after the pt underw; This study is being ordered for Inflammatory/ Infectious Disease.; 07/2018; There has been treatment or conservative therapy.; Symptoms have been gradually worsening since. Other symptoms with the abdo pain: &#x0D; 1. Inability to eat solid food&#x0D; 2. odonophagia&#x0D; 3. Chills/fever&#x0D; 4. Diffuse body ache&#x0D; 5. Low energy &#x0D; 6. Diarrhea; Pt underwent repeat EGD 9/6/18, Bx showed candida esophagitis. Her original EGD/colon on 7/12 shoed 3 sessile serrated adenoma in cecum/ascending colon. Upper third esophageal Bx showed candida esophagitis. She was treated with diflucan x 14 days but the; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Ultrasound EGD; This study is being ordered for trauma or injury.; 10/31/2018; There has not been any treatment or conservative therapy.; Intense pain radiating from back to abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	ABNORMAL CONTURE OF LIVER SUSPICIOUS FOR SCEROSIS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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 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
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.	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	female who is referred for evaluation of abdominal pain. The pain is located chest, entire abdo, radiating to her back and arms. The pain is described as sharp, and is 8/10 in intensity. Onset was several months ago, Starting in July, after the pt underw; This study is being ordered for Inflammatory/ Infectious Disease.; 07/2018; There has been treatment or conservative therapy.; Symptoms have been gradually worsening since. Other symptoms with the abdo pain: &#x0D; 1. Inability to eat solid food&#x0D; 2. odonophagia&#x0D; 3. Chills/fever&#x0D; 4. Diffuse body ache&#x0D; 5. Low energy &#x0D; 6. Diarrhea; Pt underwent repeat EGD 9/6/18, Bx showed candida esophagitis. Her original EGD/colon on 7/12 shoed 3 sessile serrated adenoma in cecum/ascending colon. Upper third esophageal Bx showed candida esophagitis. She was treated with diflucan x 14 days but the; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	has chrones disease.; This is a request for an abdomen-pelvis CT combination.; This study is being 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		States the HA is changingHad MRI last week&#x0D; Patient to be evaluated for tension-type headache, unspecified, not intractable. Onset was 25 days ago. The location is primarily over the crown. The pain radiates to the pulses with heart rate. He is unable; 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 Chief Complaint is: Problems with speech, tiredness, forgetful.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
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.	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.; 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.	12
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.	24
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.	10
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).	13
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	persistent abdominal pain, multi visit to ER, normal colonoscopy and EGD, elevated Lipase; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt having severe LLQ abd pain. Need to rule out 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having nausea and vimoiting with weight loss. She is in end stage renal diseae on hemodialysis with recent pulmonary edema. She had recent EGD that wa unremarkable, weight oss and protein calorie malnutrition anorexia.; 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	rectal bleeding; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	Disapproval	74176 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
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 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	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	13

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 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	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
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.	13
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.	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 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 been a previous Brain MRI completed.; The brain MRI was abnormal.	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 seizures; There has not been a previous Brain MRI completed.	13
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 not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has not been a previous Brain MRI completed.; This is NOT a Medicare member.	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	7
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).	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 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.	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.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
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		Type 2 diabetes mellitus without complication, without long-term current use of insulin +1 more &#x0D; Dx; 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 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; 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		visual changes , numbness and tingling; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		went to ER with worse headache ever 10/10 pain, not relieved by pain medication, ct showed abnormality in the carotid artery; 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		Will FAX; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
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.; 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	Disapproval	74176 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.; It is not known if this is the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	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 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
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	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 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 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	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.; This study is being 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
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	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.;" 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

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.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; There is no radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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
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.; 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; 10mm pulmonary nodule&#x0D; cervical spine pain&#x0D; lumbar spine pain; Naproxen, Tylenol, 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	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.; She has been coughing up blood since 10/18/2018 and she has had the knot since 04/2018 but it has gotten bigger and is painful to the patient.; It is not known if there has been any treatment or conservative therapy.; Coughing up blood. Knot that has gotten bigger and is painful.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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	3.6 mm lower lobe nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 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	4
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	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	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
General/Family Practice	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
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 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
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	5
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	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.; 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
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	12
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 are unknown.; 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 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.; 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	To rule out 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 performed.; The results of the exam were abnormal.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest x-ray was performed on 12/4; "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		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	9
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Faxing OV 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.; Jaw pain 12-1-2018 Office visit 12-11-2018 CT of Chest is because of nodule found on X ray 30 pack a year smoker OV of 12-11-2018; There has not been any treatment or conservative therapy.; Chronic Jaw Pain hurts patient to Chew trouble eating due to pain 30 pack a year smoker and lesion/nodule shown on X ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		Follow up CT to look at pulmonary nodules found on previous CT from May 2018, pt has seen Pulmonologist for work up and they also recommend follow up CT to be sure the nodules are stable as they show they have increased in size from the previous CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		monitoring of known breast ca restaging while undergoing 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
General/Family Practice	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
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 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 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	7
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Liver nodule on ultrasound. Pain. Liver panel was normal.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI and blood work suggested cirrhosis so he needs a follow up MRI recommended; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; It is unknown if there is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient present today for a follow up visit. He states he continues to suffer from upper right quad pain and reports a pressure like sensation. his intestinal isoenzyme levels remain high and so does alkaline phosphatase isoenzyme levels. Concerned that t; 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	restaging from treatment; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Disapproval	74181 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.; none	1
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Ultrasound was done in August, normal, however the MRCP reasoning is to check the pancreas is to ensure that there isn't a stone or anything that was missed; Physician is wanting to ensure the pancreas is okay considering the change in medication; patient; This study is being ordered for Inflammatory/ Infectious Disease.; September 26, 2018; There has been treatment or conservative therapy.; Onset severe abdominal pain; patient has multiple times higher than normal lipase; 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	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 being evaluated prior to a noncardiac surgical procedure.; Abnormal findings on diagnostic imaging of other specified body structures	1
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	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 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
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 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		Patient has a pulmonary nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Patient is due for a f/u chest CT to evaluate a 6mm nodule discovered on her last chest CT!; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for 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		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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		PT HAD A CT 6 MONTHS AGO THAT SHOWED A NODULE AND THE REPORT REQUESTED A FOLLOW UP CT IN 6 MONTHS TO MAKE SURE THERE WAS NO CHANGES, PTS PRIMARY INS OK'D THE CT, AMBETTER IS PTS 2 INS; "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 HAD A CT DONE IN 9/2017 THAT SHOWED A 8MM NODULE, PT HAS HAD SOME SHORTNESS OF BREATH RECENTLY; "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 a CT Chest in Sept 2017 which was abnormal with pulmonary nodules and suspicious for Sarcoidosis. The pt was to have a repeat CT in 6 months and it was never followed through. The pt now is having SOB, chest pain again.; "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
Gastroenterology	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
Gastroenterology	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 being evaluated for a liver transplant. Patient has cardiac risk factors, testing is to evaluate cardiac abnormalities.; This is a request 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
Gastroenterology	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 09/22/2018; There has been treatment or conservative therapy.; recurrent episodes of upper quadrant pain following gallbladder removal in 2010; medication, hospital stay for IV fluids, etc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is 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		; 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
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 dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	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
General/Family Practice	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	2
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	3
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	5
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 an unresolved cough; 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		X-RAY WAS ABNORMAL; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		CT calcium scoring CT(non contrast study)shows there is dilatation of the ascending thoracic aorta,measuring up to 5 cm caliber. need this study for proper measurement of aortic dilatation .; 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
General/Family Practice	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
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		; This study is being ordered for a neurological disorder.; 07/2018; There has not been any treatment or conservative therapy.; Bilateral shoulder/arm 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		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; 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		assault hit in head several times 3 weeks ago dizziness forgetfulness; 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		concussion injury of brain, symptoms include vision changes, memory loss and speech 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		evaluation of injury; This study is being ordered for trauma or injury.; 12/3/2018; 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	70450 Computed tomography, head or brain; without contrast material		fell one month ago and hit head having headaches nausea double vision; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Gastrointestinal: Positive for vomiting. &#x0D; Genitourinary: Negative for dysuria. &#x0D; Musculoskeletal: Positive for arthralgias and back pain. &#x0D; Skin: Negative for color change. &#x0D; Neurological: Positive for dizziness, light-headedness and headaches. &#x0D; Psychia; 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	Mental status changes and seizures; 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	none; This study is being ordered for trauma or injury.; 11/3/18; There has not been any treatment or conservative therapy.; Pt has weakness in left hand, numbness and severe headache left shoulder and neck pain limited ROM in the neck tenderness of per spinal c-spine, and lateral left 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	Approval	70450 Computed tomography, head or brain; without contrast material	Patient fell and hit the right side of head and ear and pain is getting worse. Patient also lost consciousness; 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	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
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	arm numbness/pain &#x0D; radiculopathy, cervical region; 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 not experiencing cervical neck pain not improving despite treatment.	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 chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2
General/Family Practice	Approval	72125 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 Bowel or bladder dysfunction.	1
General/Family Practice	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
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 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
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 asymmetric reflexes.; 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	Unknown; This study is being ordered for Congenital Anomaly.; 12/7/18; There has not been any treatment or conservative therapy.; cervical neck pain with swelling around T7 and T1, on her C spine x-ray there's an additional 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	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	70450 Computed tomography, head or brain; without contrast material	Patient 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 tou; 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	Patient thought she was in her bedroom but ended up on the floor of her bathroom after several hours but didn't remember how she had gotten there, what happened in bathroom, and she got sick right after.; 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	Pediatric Headache; Reported by patient.; Location: right side.; Quality: worst headache ever.; Severity: pain level 7/10.; Duration: started: (10/28/2018); constant.; Onset/Timing: worse; abrupt onset; still present; wakes from sleep.; Context: related 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	Positive for dizziness, light-headedness and headaches; 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	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	33
General/Family Practice	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.; 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.; 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
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.	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 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.	5
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		1
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2018; There has been treatment or conservative therapy.; Pain, tenderness, ROM, stiffness; OTC medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2018; There has not been any treatment or conservative therapy.; pain, swelling, trauma r lbp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2018; There has been treatment or conservative therapy.; Pain, tenderness, ROM, stiffness; OTC medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	4

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	13
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	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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			10
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness to extremities with grips, previous imaging showed spinal stenosis.; The patient 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; for 11 years had this problem; There has been treatment or conservative therapy.; history of pain and tingling on left side of her body, weakness in arm and leg , neck and low back pain as well; was on medication and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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 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	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, tingling, and weakness of left arm and fingers; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for a neurological disorder.; 07/2018; There has been treatment or conservative therapy.; Ataxic gait, cervical radiculopathy, urinary retention with incomplete bladder emptying; physical therapy, epidural steroid injection, nsaid, opioid 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	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.; 08/14/2018; There has been treatment or conservative therapy.; Back and Neck 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	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

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Abn reflexes radiating pain down the left leg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Back pain; Rx medication 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Acute neck pain on the rt side. Also low back pain. X Rays were done and requested further imaging.; 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	Headaches, dizziness. symptoms are worsening, despite 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.; 05/04/2017; There has been treatment or conservative therapy.; Pain, decreased mobility, swelling, tingling in the arms and legs.; Pain medicine, PT, 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
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; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	No improvement and increased pain. Headache, neck stiffness, bilateral upper extremity paresthesia, numbness, frequently dropping things; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pain increases with almost any movement; This study is being ordered for trauma or injury.; 11-5-2018; There has been treatment or conservative therapy.; cervical pain radiating into left arm and pain described as aching, burning, tingling; lumbar pain radiating into right hip and pain described as aching, sharp, stabbing; trigger point injections/chiro treatment/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 is a 38-year-old female who comes in today for a follow-up regarding an MVA she had about 2 weeks ago. She said approximately 6-7 days after the accident she started to have numbness in her index and middle finger on the right. She says that occas; This study is being ordered for trauma or injury.; Patient is a 38-year-old female who comes in today for a follow-up regarding an MVA she had about 2 weeks ago. She said approximately 6-7 days after the accident she started to have numbness in her index and middle finger on the right. She says that occas; There has been treatment or conservative therapy.; Patient is a 38-year-old female who comes in today for a follow-up regarding an MVA she had about 2 weeks ago. She said approximately 6-7 days after the accident she started to have numbness in her index and middle finger on the right. She says that occas; antiinflammatory which are not helping she has had numbness on both side of the body. she has had headaches, has been given valium with does not help at all; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 is having ROM of motion issues along with spasms of her neck. C-Spine: Myofascial trigger points are present along with trapezius tenderness bilaterally. Patient has been to chiropractor and had massage on multiple occasions without relief.; This study is being ordered for a neurological disorder.; Patient reports pain started in neck on 09/12/2018.; There has been treatment or conservative therapy.; Patient complains of acute worsening of chronic conditions. Pain is describe as sharp, shooting, burning pain. Radiation of pain bilateral, constant and to bilateral arms. Patient also complains of tingling/numbness down both arms.&#x0D; Patient reports bac; Patient has used NSAIDs for 8 weeks, physical therapy for 6 weeks twice a week with worsening symptoms. Patient has also used muscle relaxers, rest, ice and heat all with no relief. Pain is worsening.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 was in a MVA; This study is being ordered for trauma or injury.; 9/6/2018; There has been treatment or conservative therapy.; neck pain that radiates to rt shoulder, decreased range of motion with neck and rt shoulder, neck stiffness, decreased forward fluxation neck left and rt rotation; pain medications, OTC medications, 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
General/Family Practice	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
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.	42
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.	8
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.	9
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.	11
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.	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 patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
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.	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 NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	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 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		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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2018; There has not been any treatment or conservative therapy.; severe headache described as thunderclap makes her vomit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1
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 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



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	2
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.; 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
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		; This study is being ordered for trauma or injury.; 10/18/2018; There has not been any treatment or conservative therapy.; Pain ,seizures, confusion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		Failed all prescription medications, having intractable headaches. constant pressure behind eyes and face; This study is being ordered for sinusitis; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 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	4
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	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		6-7 cm mass posterior base of neck , severe neck pain for several months; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Pt c/o numbness in his right hand and not able to pick anything up&#x0D; &#x0D; Xray C-spine findings&#x0D; FINDINGS:&#x0D; There are degenerative disc changes at C2-C3, C3-C4, C4-C5, C5-C6, and&#x0D; C6-C7. These changes are greatest at C4-C5 and C5-C6. There are&#x0D; degenerative 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.; Neurological: He is alert and oriented to person, place, and time. He displays abnormal reflex. He exhibits abnormal muscle tone (right hand and forearm weakness. dropping things. ).&#x0D; Musculoskeletal: Normal range of motion. He exhibits tenderness (wea; The patient 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		Pt has been having this pain for over 2 months and does not get off of work often so we are trying to rule out something more extensive due to not getting relief and it becoming worse; This study is being ordered for trauma or injury.; 2 months ago; There has been treatment or conservative therapy.; Neck pain, Numbness and tingling in right shoulder, unable to use right shoulder most days; Pt has been given pain medication and muscle relaxers to help with relief. Pt states it continues to get 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		Pt is in chronic pain for over a year; 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		Pt suffers with lumbago w sciatica.; 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		set up with neurosurgery evaluation; 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.; chiari 1 malformation	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.; No, this patient did not have 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.; It is not known if this patient had a recent course of supervised physical Therapy.	6
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		lesion on the left side of her neck at the inferior angle of the jaw. Patient previously had a benign tumor of the parotid gland that was resected on 3 different occasions Initially in Ecuador, followed by a second surgery in Ecuador and then a surgery; 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	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Needs further evaluation for lymphoma; 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		pt has 2 masses on the neck that are preventing blood flow, suspected lymphoma in lungs, pt has been short of breath; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		solitary thyroid nodule.; 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	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
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	5
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 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
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/18; There has not been any treatment or conservative therapy.; HIGH BLOOD PRESSURE ON RIGHT SIDE, NO BLOOD PRESSURE DETECTED 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	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/4/2018; There has been treatment or conservative therapy.; mbr has vision loss in left eye HX optic stroke ultrasound abnormal; ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		History of cardiovascular disease, carotid doppler shows 50 to 70 percent stenosis of right ICA.&#x0D; Associated nausea and "motion sickness" suggest vertebral origin.; This study is being ordered for Vascular Disease.; August 2018; There has been treatment or conservative therapy.; Transient loss of vision in right eye, lasting up to 30 minutes; Plavix. Pt is allergic to aspirin. Also being treated for hyperlipidemia with lipitor. Also hypertension with Lisinoprol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		PT will no longer work with patient until there is evidence of no arterial occlusion and there has been no effective treatment at this time.; This study is being ordered for Vascular Disease.; 05/14/2018 initial visit for complaint; There has been treatment or conservative therapy.; Severe Vertigo; Pt was given at home exercises to do as well as OTC Meds for nausea without improvement. The patient was then referred to Physical Therapy but then discharged due to inability to complete sessions due to severe Vertigo. There is a concern of Vertebral Art; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)			1
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 neoplasm, tumor or metastasis	4
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	1
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Metastatic ca to whole body facial numbness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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)		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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; MIGRAINS; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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
General/Family Practice	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.; 8/2018; There has been treatment or conservative therapy.; nausea&#x0D; dizziness&#x0D; pressure&#x0D; headache; medication&#x0D; lab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)		None; This study is being ordered for Vascular Disease.; 8 months ago; There has not been any treatment or conservative therapy.; Mild hearing loss tinnitus right sided 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
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		R/O TRANSECETED ARTERY; This study is being ordered for trauma or injury.; 12/10/2018; There has not been any treatment or conservative therapy.; HEADACHE, NAUSEA, VOMITING, DIFFICULTY SPEAKING, CHEST PRESSURE, TROUBLE BREATHING, DIZZINESS, SHAKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)		see attached; 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)		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)		This is a request for a head and neck MR Angiogram; There is an immediate family history of aneurysm.	1
General/Family Practice	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.	2

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; 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	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.	8
General/Family Practice	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.; This patient is being referred to a Neurosurgeon and they are needing a current MRI. See attached note	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	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 completed 6 weeks of 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; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
General/Family Practice	Approval	72141 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
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; 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
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; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; Yes, the patient is demonstrating unilateral muscle wasting.; yes, there are documented clinical findings of Multiple sclerosis.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/2018; There has been treatment or conservative therapy.; mbr has migraine where vision was lost completely three different times - R/O tumor; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10-11-18; 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	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; Neck Mass/Pain&#x0D; Reported by patient.&#x0D; Onset/Timing: initially started 3months ago &#x0D; Quality: no change since last visit &#x0D; Duration: constant &#x0D; Severity: moderate; limits daily activities&#x0D; Location: posterior neck pain that radiates down the right arm to 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.	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; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	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.	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; 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.	15
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.;	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.	10
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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		; 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 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		; 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.	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 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		; 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		; 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 trauma or injury.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for a neurological disorder.; 12/2017; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		chronic headache, facial nerve issues; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Upper Extremity weakness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased strength of upper extremity and chronic pain with cervical 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
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.; Stated that he was having pain in his testicles, Ultrasound and MRI of the Lumbar spine abnormal imaging.	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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	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.; It is not known if the patient has seen the doctor more then once for these symptoms.	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.; 07/2018; There has been treatment or conservative therapy.; Ataxic gait, cervical radiculopathy, urinary retention with incomplete bladder emptying; physical therapy, epidural steroid injection, nsaid, opioid 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	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.; before 11/21/2018; There has been treatment or conservative therapy.; ; advil, tramadol, muscle relaxers, steroid injection, worse with stretching; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		ct of head without contrast shows erosions of the inner table of the skull with a radiolucent lesion is identified to the left of midline that measures 2.5cm in diameter with thinning of the calvarium to the right of the midline across a diameter of 2.6cm; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or 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		DIZZINESS SHORTNESS OF BREATH BP ISSUES; 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		Documentation in the office note states pt reports feeling of passing out and some dizziness. Pt is being referred back to Cardiology with pre syncope as well as chest heaviness and previous history of CAD. Doctor Smith believes MRI to be warranted over C; 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 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		facial weakness; 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		has a headache. She has been hit in the head 4 times by a volleyball last week. She was hit yesterday as well really hard and her headache worsened. She has had some nausea. Light bothers her some. Loud noise has bothered her.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
General/Family Practice	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		Lastly we discussed his cognitive decline. He states he has some brain fog periodically. He is not really having any at the moment. He is been fairly ill and had a hospitalization and may well of just had some cognitive changes secondary to his illness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		abnormal nerve conduction study was done on 11/1/2018; This study is being ordered for a neurological disorder.; 8/5/2018; There has been treatment or conservative therapy.; leg pain, numbness; steroid shot, 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		chronic low back pain from thoracic to lumbar spines. Has history of scoliosis, no radiculopathy or neuropathy but history of Diabetes Mellitus. Treated with chiropractor services for greater than 4 months without adequate response, TENS unit, Nsaids.; 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		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.	6
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Patient is having ROM of motion issues along with spasms of her neck. C-Spine: Myofascial trigger points are present along with trapezius tenderness bilaterally. Patient has been to chiropractor and had massage on multiple occasions without relief.; This study is being ordered for a neurological disorder.; Patient reports pain started in neck on 09/12/2018.; There has been treatment or conservative therapy.; Patient complains of acute worsening of chronic conditions. Pain is describe as sharp, shooting, burning pain. Radiation of pain bilateral, constant and to bilateral arms. Patient also complains of tingling/numbness down both arms.; Patient reports bac; Patient has used NSAIDs for 8 weeks, physical therapy for 6 weeks twice a week with worsening symptoms. Patient has also used muscle relaxers, rest, ice and heat all with no relief. Pain is worsening.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 had xray 7/19/17 showed mild disc space narrowing, osteophytosis, mild chronic degenerative changes. Has tried conservative treatment nsaid, steroids, physical therapy exercises which have not helped. Pain is worse, radiating down to right gluteal m; 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Pt suffers with lumbago w sciatica.; 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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		medications for several months with no help dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	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.; 10/25/2018; There has been treatment or conservative therapy.; H/A; Hospital stay; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 complains of memory loss, dizziness, "feels like the room is spinning," nausea, history of falling - gait shuffling causing falls intermittently.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient fell and hit head on concert step, aprox 2 weeks ago, since has recurrent dizziness, ringing of ears and headache, nothing really prompts, the dizziness and ringing of ears has stayed for last 2 weeks, did not go hospital, did not call ambulance.; This 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has been having chronic headaches multiple times a day that have sharp pains into his neck and right side of brain.; 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 has been having headaches for one month. Patient has tried medicine and other therapies with no success. The typical headache is primarily central frontal. The frequency of headaches is usually everyday. Patient experiences nausea and photophobia.; 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 has been seen and evaluated in ER x2 the past month. Clinical work-up is negative thus far. Patients symptoms are persisting and not improving despite conservative treatment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Patient is having numbness in bilateral hands and feet associated with numbness of the lips.; This request is for a Brain MRI; The study is NOT 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having some dizzy spells, ataxia, tinnitus, and cervicalgia.; 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	Prolactin level is very high. She needs to have a brain MRI for possible tumor. &#x0D; Galactorrhea/amenorrhea-likely a prolactinoma problem.; 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	Pt has new onset headaches, no history of migraines. Pt has throbbing pain behind the right ear. This gets worse with exercise.; 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 has random headaches.; 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	pt has severe headache when sexually active; 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 worsening tremor of head, eyes, and arms for years; 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	PT HAVING HEADACHES WITH DIZZINESS FOR OVER A MONTH. NEW ONSET TODAY WITH WORSENING SYMPTOMS OF DIZZINESS AND FEELING DRUNK.; 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	Pt lost sight in right eye about 3 weeks ago d/t dizziness. He states he had a dizzy spell a few weeks ago and lost the vision in his right eye. Complete right eye. Blurred. No pain. Dizziness went away in 4-5 minutes. No weakness on one side or the ; 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 presents with cc of persistent HA x 2 weeks that has been in various locations. States that she has taken multiple meds and the HA resolves but soon returns. Quality - patient states that she feel a pressure sensation and currently the pain is on the ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt slipped on wet garage floor and hit her head one month ago. She continues to have headache with dizziness and "foggy" feeling; 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		Pt states he has had a headache every morning for 2 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		refer for MRI of the brain without dye, headaches. MLA APRN No Info Given.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision 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		see notes under N18120500131 - 055760795 **12 /5/2018 9:45:23 AM Suzette G Powell, MD Peer-to-Peer Discussion held. Case decision discussed with and understood by Dr. Howard. Synopsis of discussion: Pt has ha that awakes from sleep, case needs to be ; This study is being ordered for a neurological disorder.; 12/03/2018; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		seizure; This study is being ordered for a neurological disorder.; on 12/8/18 patient had a syncope episode and started having convulsions; There has not been any treatment or conservative therapy.; passed out, new onset seizure activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	3
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 asymmetric reflexes.	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 not experiencing sensory abnormalities such as numbness or tingling.; pt reports that her back is still hurting. she states that it is severe in pain. she continues to have to sleep sitting up. she states that she doesn't really want to take pain meds she just really wants to be fixed. NECK/THYROID: CS area tapping cause; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Approval	72146 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.	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 study is being ordered due to trauma or acute injury within 72 hours.; &lt;Enter Additional Clinical Information&gt;	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.	18
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.; R/O 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 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 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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

General/Family Practice	Approval	72146 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.	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.; 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
General/Family Practice	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
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		thoracolumbar spine disc disease; This study is being ordered for trauma or injury.; 7/30/18; There has been treatment or conservative therapy.; limited range of motion, back pain radiating down his legs, instability, severe migraines; 6 weeks physical therapy, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		was in an accident and pain has not got better; 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.; 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			26
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 2+ at left knee 1+ at right knee absent at the ankle	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right sided 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RT SIDE WEEKNESS & MEMBER IS ON 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; progressive leg weakness and left leg numbness pt. has lumbar radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right leg weakness , not able to walk well need help getting from place to place; The patient does not have new signs or symptoms of 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient does NOT have 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	9

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/18; There has been treatment or conservative therapy.; ACUTE PAIN; PT, CHIROPRACTIC, INJECTIONS, NERVE BLOCK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/13/18; There has not been any treatment or conservative therapy.; LOW E T WESAKNESS AND PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		(pt has had chiropractor x 1 year, NSAIDS x 6 months, Gabapentin, tyl #3, hydro's) Had xrays at ER - pain in the lower back and radiating down both legs to mid thighs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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.	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 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	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.; the results of the EMG of BLE are slowing BLE sural sensories. Lumbo sacral radiculopathy with widespread and marked acute and chronic axon loss across bil upper,mid,lower lumbar as well as the sacral paraspinals. Mild sensory demyelination distally in BL	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	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.; 07/03/2018; There has been treatment or conservative therapy.; Low back and cervical spine pain; Physical therapy prescribed on 07/03&#x0D; 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		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2018; There has been treatment or conservative therapy.; Neck and lumbar spine pain; 07/27/2018 - Physical therapy prescribed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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.; before 11/21/2018; There has been treatment or conservative therapy.; ; advil, tramadol, muscle relaxers, steroid injection, worse with stretching; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Acute neck pain on the rt side. Also low back pain. X Rays were done and requested further imaging.; 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		DECREASED PATELLAR REFLEX RIGHT LOWER EXTREMITY, &#x0D; Other: Patient reports numbness on the outside of her right foot. She awakens with right lateral aspects of leg hurting. Long&#x0D; periods of standing worsens the pain. Patient reports a fall where she landed; 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.; DECREASED PATELLAR REFLEX RIGHT LOWER EXTREMITY,&#x0D; Other: Patient reports numbness on the outside of her right foot. She awakens with right lateral aspects of leg hurting. Long&#x0D; periods of standing worsens the pain. Patient reports a fall where she landed	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 Duration of Diagnosis: Reports months (8)&#x0D; Pain/Symptom Onset: gradual&#x0D; Activity at Onset: Reports lifting&#x0D; Work Related Injury: No&#x0D; Pain Location: Reports thoracic Reports upper and midline&#x0D; Pain Radiation: Reports neck and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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		increasing numbness in right later leg having problems walking at times xray found lumber sponyolysis at L5S1 with grade two anterostyololthesis; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		LBP radiating down right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Low back pain noted. The discomfort is most prominent in the lumbar spine. This radiates to the right buttock and right foot. He characterizes it as throbbing. This is a chronic problem, with essentially constant pain. He states that the current epis; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness of the right leg, hip 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		LOWER BACK PAIN WORSENING X 6 MONTHS,INCLUDE NUMBNESS AND WEAKNESS,INCAPACITATING,PERSISTENTLY,ACHE AND DEEP,HISTORY OF RECURRENT TRAUMA. CHIROPRACTIC CARE HASN'T HELPED,IF ANYTHING FEELS LIKE MADE IT WORSE.&#x0D; Detail Type&#x0D; Description&#x0D; Assessment&#x0D; Lumbar b; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NEURO:POSITIVE - DIFFICULTY INITIATING SLEEP,DIFFICULTY MAINTAINING SLEEP,EXTREMITY WEAKNESS,GAIT DISTURBANCE,NOCTURNAL AWAKENING,NUMBNESS,NUMBNESS IN EXTREMITY,SHAKING,FATIGUE,BACK PAIN,DECREASED MOBILITY,JOINT PAIN AND SWELLING,JOINT TENDERNESS,MUSCLE W; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		L-spine MRI: The pt is a 61y/o female with hx of chronic low back pain that radiates down her right leg, and causes difficulty walking at times. Suspect nerve route impingement.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Lumbosacral radiculopathy, NUMBNESS AND TINGLING DOWN RIGHT LEG TO THE KNEE.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; 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		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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		numbness; The study requested 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 RANGE OF MOTION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient had XR with spondylolysis and spondylolisthesis of the L4-L5 with muscle weakness and numbness persistent with this pattern of nerve compression.; The study requested 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 sided weakness of quadriceps and tibialis anterior muscles, 4-/5. 5/5 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient has bilateral muscle pain in back. Right upper and lower quadrant pain. Associated with radiculopathy down bilateral legs.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has bilateral leg weakness. Can not stand for long periods of times. Legs are 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		patient reports falling off of a trash truck a few times, she reports 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		Pt has bulging disc; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		pt stated for the last six months the lower L side of her back has been hurting and is swollen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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		Pt suffers with lumbago w sciatica.; 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. have diminish reflexes on rt. side, trying to rule out Laminar stenosis and cord compression, prescribed pain med-tramadol that have not helped, raiding down rt. side; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 diminished on rt. side	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		see attached; 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		The patient has not found anything that helps or ameliorates symptoms Associated symptoms include feels NUMBNESS AND TINGLING IN RIGHT THIGH. &#x0D; Positive for back pain and for paresthesia ( right lower extremity ); The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		She complains of having headaches located on the right side of her head. She describes the headaches as aching pain. The headaches were sporadic but the past week she has had a headache every day. She denies nausea with the headaches. Her headaches are wo; 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		Suspected TIA or Stroke; This study is being ordered for a neurological disorder.; 12/04/2018; There has been treatment or conservative therapy.; left sided weakness, numbness tingling; Eliquis 5mg bid; daily aspirin; US carotid 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Suspected TIA or Stroke; This study is being ordered for a neurological disorder.; 12/4/18; There has been treatment or conservative therapy.; Left sided weakness numbness tingling; Eliquis 5mg bid; daily aspirin; US carotid Doppler; CT head; echo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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; 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
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.; Requested for evaluation of stroke or aneurysm; 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 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.	127
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.	70
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.	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 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.	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.; 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.	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.; 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
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.	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	20
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.	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.; 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	9

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.	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 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.	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.; 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.	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.; 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
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.	9
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.	34
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.	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 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 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
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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
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	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
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.	8
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 NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; 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.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has not been a previous Brain MRI completed.; 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 study is being ordered for excruciating facial pain and hyperesthesia in right cheek distribution. This is a recurrent problem that is becoming more common.; 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Tinnitus of the left ear.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The 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		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	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.	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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 a neurological disorder.; 9/27/18; There has not been any treatment or conservative therapy.; continuous headache with dizziness, difficulty forming sentences, patient doesn't feel like she is functioning 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
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.; 10/8/18; There has not been any treatment or conservative therapy.; headache an 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		We also discussed some headache problems she has had. She has had some pain mostly in the upper left hemispheric.; 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 memory; This 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	71250 Computed tomography, thorax; without contrast material		2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	6 mo cancer surveillance; 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	8MM PULM NODULE NOTED ON CT CHEST 4/21/2018, NEEDS 6 MONTHS FOLLOWUP. THIS IS THE FIST FOLLOWUP CT SINCE NODULE WAS NOTED.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 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	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 screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	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 suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	6
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.	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 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.	6
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?	35
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.	7
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.	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 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	398
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	90
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)	249
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		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 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		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
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	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 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	Approval	72192 Computed tomography, pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; "Caller does not know whether 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is 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		Abdominal Pain (Right), testicle pain&#x0D; Right testicle pain difficulty urinating; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Coccydynia,&#x0D; History of Present Illness:&#x0D; 1. musculoskeletal pain &#x0D; Severity level is moderate. It occurs constantly and is fluctuating. Location: tailbone. The pain is aching and burning. Context: there is no injury. Additional information: Patie; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Diagnostic imaging. Patient has family history (mother) of ulcerative colitis). He has had dark red blood in stool for a year that comes and goes, as well as sharp lower abd pain.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		LLQ pain with rebound and guarding. Pain x 48 hours. Unrelieved by Tylenol/Ibuprofen. Suspected ovarian torsion.; 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	Patient had a pelvic transvag US that showed a questionable nodule.; 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	patient had an u/s, results said "Indistinct equivocal lipoma or isoechoic mass to the; adjacent fat in the left buttocks 5 x 4 x 3 cm. Indeterminate finding; by ultrasound consider CT correlation.;" 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Patient is in severe pain that is not getting better with medication. Has history of diverticulitis; 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 is having bilateral flank pain and hematuria; 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	Approval	72192 Computed tomography, pelvis; without contrast material	right flank pain x 2 months, pain is now radiating straight through to front of her pelvis and is constant; 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	Approval	72192 Computed tomography, pelvis; without contrast material	This is a 50 y/o male who comes in today c/o pain in groin. Pt states that he has an inguinal hernia repair approximately a year ago. Pt states that he lifted something approximately 3 weeks ago and since that time he has been having a lot of pain since; 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	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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	US of pelvis showed cystic mass in the midline of the pelvis measuring 3 x 2.5 x 2.5cm Cystic neoplasm could not be excluded and recommended CT.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
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 not for any of the listed indications.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	MASS FOUND IN CT FOR ADRENAL; 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)	Patient had hysterectomy 10 years ago. After CT results a MRI is suggested for further imaging after mass was seen on CT exam.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)	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?	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ULTRASOUND IMPRESSION:&#x0D; There is appearance of separation of the endometrial echo complex&#x0D; towards the superior aspect of the uterus, which may suggest a&#x0D; Mullerian ductal anomaly, although this is incompletely characterized&#x0D; on this exam. This may be fu; 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)	unknown; This is a request for a Pelvis MRI.; It is not known if this is a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	NUMBNESS AND TINGLING; 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.; 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		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	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 not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	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 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
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			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 a preoperative or recent postoperative evaluation.	5
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.	3
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.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			7
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.; 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)		; This study is being ordered for a neurological disorder.; 07/2018; There has not been any treatment or conservative therapy.; Bilateral shoulder/arm 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for trauma or injury.; Pt states it started about 7 weeks ago; There has been treatment or conservative therapy.; Pain; Catching sensation when arm goes past 70 degrees.; Meloxicam, ortho; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)		patient was in a MVA; This study is being ordered for trauma or injury.; 9/6/2018; There has been treatment or conservative therapy.; neck pain that radiates to rt shoulder, decreased range of motion with neck and rt shoulder, neck stiffness, decreased forward flexion neck left and rt rotation; pain medications, OTC medications, 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
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Previous rotator cuff injury.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pain medicine and home exercises, two steroid packs sitting on the shoulders. No improvement with conservative therapy; 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)		The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; decreased range of motion and numbness to the left hand	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 popped today during water aerobics and now cannot move arm without pain. has weakness. this has been going on for the past 6mos with only worsening of sx. has been doing water aerobics and controlled training of upper body therapy at the gym	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."; mri left shoulder needed to evaluate. pain x 2 months no known injury. decreased rom positive Neer's sign with Widened AC space on XRay	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."; pain in rt shoulder after a fall a few weeks ago. decreased and painful rom. positive lift off. tender over subacromial space in upper arm to level of mid humerus	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 complains of pain in left shoulder. Limited range of motion in all directions related to pain. Complains of numbness at night. X-ray does show narrowing of AC joint. Pain radiates to elbow with motion and sometimes without. Patient received steroi	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."; pt had fallen when he was coughing and had passed out. pain in right arm, muscle weakness, pain in right shoulder and limited range of motion	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 3 views No acute displaced fracture identified in the proximal humerus. There is questionable linear lucency in the right scapula just inferior to the glenoid fossa and may represent bony trabeculation vs. non-displaced fracture and if pati	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.; He is a pleasant 50-year-old right-hand-dominant cabinet maker who comes today complaining of significant right shoulder pain. He has a history of chronic instability with multiple dislocations, none for years. He has had 2 subacromial shots which did n	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.; RCT or rupture	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.	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.; 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 not completed and failed a course of conservative treatment of at least 4 weeks.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 39 year old female presents with c/o pain in the right shoulder pain which seems to be getting worse, the joint has started to pop and crack with certain types of motion, and the pain is getting worse with certain positions that the shoulder is in. Of no	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.; Acute Left Shoulder Strain -- Robaxin is not in stock. I have replaced it w/ Skelaxin 800mg TID prn spasm #30 refill 0. It might make you sleepy. I suspect that she has torn her left rotator cuff. &#x0D; Xrays ordered of the left shoulder, and an MRI of th	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.; limited range of motion	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.; Persistent right shoulder pain with failed conservative treatment.	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.	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 for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	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 pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
General/Family Practice	Approval	73221 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
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?	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.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; The patient has had 3 or fewer follow-up shoulder MRIs.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	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 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 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.	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 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	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 been treated with and failed a course of four weeks of supervised physical therapy.	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 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	73700 Computed tomography, lower extremity; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	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	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 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 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	3
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 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	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	2
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 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	2
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	2
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	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
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	2
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	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		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.	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			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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	73720 Magnetic resonance (eg, proton) 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.; This study is being ordered for 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		Pain 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.; This study is being ordered for 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		patient has a fracture of left fibular with displacement patient is still having pain and swelling, pain is worse when walking and standing, patient has used OTC medication and Lidocaine patches with no relief; 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	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		severe pain in foot and swelling; This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	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		swelling severe pain unable to bear wt; 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	Approval	73720 Magnetic resonance (eg, proton) 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.	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 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
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.	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 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	73720 Magnetic resonance (eg, proton) 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
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.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	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.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is being planned.; Arthroscopic 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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	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.; This study is being ordered for None of the above; 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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	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.; This study is being ordered for None of the above; Swelling 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 ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
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.; This study is being ordered for 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.	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.; This study is being ordered for 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.	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.; This study is being ordered for 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
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.; This study is being ordered for 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.	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 ordering physician is not an orthopedist.; This study is being ordered for 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.	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 ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	39
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	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 a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for 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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for 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 normal.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	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.; This study is being ordered for 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.	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.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	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.; This study is being ordered for 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 not normal.; The ordering physician is not an orthopedist.; This study is being ordered for 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
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	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 patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	Approval	71250 Computed tomography, thorax; without contrast material		abnormal find dx imaging oth body structures; "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		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	49
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	92
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	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		abnormal ultrasound; "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		ABOUT 1 MONTH AGO PT NOTICED A LUMP ON HER NECK,HAVING CHECKED OUT TODAY 12/4/18.DOES NOT MOVE.HARD/FIRM TO THE TOUCH.DENIES ANY PAIN; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; 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		Bilateral indeterminate renal lesions; Found on CT while patient in the ER on 9/2. "Bilateral indeterminate renal lesions. Recommend further evaluation with contrast enhanced MRI of the abdomen to exclude solid mass." The masses were both about 1.8 x 1.; 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	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	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a 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.; 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	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
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	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	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CT chest in 12/2017 for uncontrolled coughing. Lung nodules present. one year F/U was recommended; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	F/U to previous film 06/12/2018; "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	had noncontrast CT chest per Saline recently and they advised f/u in 3 months due to nodules in 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	He was recently found to have a pulmonary nodule in his left upper lobe. It was recommended to repeat a CT scan in 3 months.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Hypertension; The patient is NOT 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung mass was found 08/21/18 and this is for the 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Multiple abnormal chest xrays indicating pulmonary nodule of unknown behavior.; "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	Need to know if the masses have grown or stayed the same.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/05/2018; There has not been any treatment or conservative therapy.; 3.1 cm AAA, 5.5 mm lung nodule right lung base.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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, 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	'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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'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	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 beign 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	3
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	4
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.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had an xray showing a 1cm solitary nodule on the right lung base that appears to be likely calcified. The radiologist recommended a chest CT for confirmation.; "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	Patient is having persistent cough and hiccups.; 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 just had recent CT abdomen which shows a subpleural nodule that is present in the middle lobe that measures 9mm. &#xOD; Radiologist is recommending a CT Chest be performed.; "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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Positive for cough, shortness of breath and wheezing. Negative for sputum production. pt has been battling cough since 6/1/18; 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	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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt had a chest CT on 2/26/18 that showed multiple pulmonary nodules. Radiologist recommends a 6 month follow up.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being 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 had CT in 7/2018 and 3 to 6 month follow up was recommended.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PT HAS MULTI NODULES... ALSO HX OF COPD, RECENT BRONCHITIS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt with chronic cough. Chest xray reveals a new 5.5 cm pleural based opacity in the right upper lung with mass like affect; "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	Pulmonary Nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Restaging post chemotherapy 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	SOLITARY PULMONARY 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 suspicious findings on abnormal chest xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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	3
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The Pt has lung nodules in right 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
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	Two nodules on the left lower lobe.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 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	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	5
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.; 9/15/2015; There has been treatment or conservative therapy.; left upper quad pain , chest pain; chest xray, GI work 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
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Yes, the patient was seen by a specialist because of the traumatic injury.; 'None of the above' 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 beign 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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	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	history of COPD; This study is being ordered for a neurological disorder.; 12/27/2018; There has not been any treatment or conservative therapy.; abdominal pain, chest pain, wheezing, coughing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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.	57
General/Family Practice	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 10/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material			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 radiculopathy.; 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 to be part of a Myelogram.; This is a request for a Cervical Spine CT	3
General/Family Practice	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 has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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 lower extremity weakness.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		; This study is being ordered for trauma or injury.; 12/7/18; There has not been any treatment or conservative therapy.; hematuria and 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
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	27
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is experience weakness in right hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/2018; There has been treatment or conservative therapy.; mbr has migraine where vision was lost completely three different times - R/O tumor; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10-11-18; 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	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 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	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

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; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 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	2
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.; 2014; There has been treatment or conservative therapy.; muscle atrophy of upper extremity, muscle spasms of bilateral lower extremities, muscle weakness; activity modification, epidural steroid injection 4 years ago, no current 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
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.; 07/03/2018; There has been treatment or conservative therapy.; Low back and cervical spine pain; Physical therapy prescribed on 07/03/2018; 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	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.; 07/27/2018; There has been treatment or conservative therapy.; Neck and lumbar spine pain; 07/27/2018 - Physical therapy prescribed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		been seen at the MDO more than once for these symptoms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt. arm 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		dizziness, tingling, sensory changes, weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/27/2018; There has been treatment or conservative therapy.; weakness, headaches, confusion, blurred vision, difficulty with balance, tingling in arms and legs, numbness in both hands, difficulty grasping with hands, visual blackouts; home exercises, pain meds, and 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
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Enter answer here - or Type InSpurlings test positive for numbness and tingling to left arm. &#x0D; Patient states that he overexerted himself in the shop this weekend and has pain to left shoulder/shoulder blade that radiates into neck with a shooting pain d; 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	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 not been any treatment or conservative therapy.; Ovarian and colon ca DDD tenderness si joints tender pain radiating down legs to buttocks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		none; This study is being ordered for trauma or injury.; 11/3/18; There has not been any treatment or conservative therapy.; Pt has weakness in left hand, numbness and severe headache left shoulder and neck pain limited ROM in the neck tenderness of per spinal c-spine, and lateral left 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		NUMBNESS AND TINGLING DOWN ARMS AND SHOULDERS LAST MRI 10/26/2016; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEEKNESS OF BILATERAL UPPERER EXTREMEITY, REDUCE RANGE OF MOTION , TENDERNESS, NUMBNESS AND WEEKNESS; The patient 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		pain is a 10:10 and getting worse according to Pt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2018; There has been treatment or conservative therapy.; tingling arms, sciatica in both legs, affecting ADL; PT, 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 speciality 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 initially seen 10/01/18 with cervical pain, sent for PT, could only complete 2 weeks due to the pain, returned to the clinic 10/26/18 with continued pain and nausea and vomiting.; 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient is a 51-year-old white male presents today for follow-up for neck pain, low back pain. I saw him as a new patient on 11/27/2018, for ER follow-up. Patient reported fall at lows 2 weeks prior to that visit. Where a cabinet fell off of a shelf and; This study is being ordered for trauma or injury.; FELL TWO WEEKS AGO YESTERDAY, TRANSPORTED TO ER. &#x0D; --NECK PAIN &#x0D; RADIATING TO BACK &#x0D; NOT GETTING ANY RELIEF.; There has been treatment or conservative therapy.; FELL TWO WEEKS AGO YESTERDAY, TRANSPORTED TO ER. &#x0D; --NECK PAIN &#x0D; RADIATING TO BACK &#x0D; NOT GETTING ANY 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 speciality 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 is also having migraines; This study is being ordered for trauma or injury.; 11/7/2018; There has not been any treatment or conservative therapy.; parathesia -sharp pains in the shoulder and no feeling in left hand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality 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 is having some dizzy spells, ataxia, tinnitus, and cervicalgia.; 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 reports falling off of a trash truck a few times, she reports 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		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.	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; 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.	25
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" Known Tumor with or without metastasis	2

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		the patient was seen on 11/26/18 with c/o continue neck, upper back and bilateral arms. patient has completed 10 visits of physical therapy with minimal improvement. Patient was first treated for this condition on 09/24/2018, treated with steroids, NSAIDs; 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 unable to lift bilateral arms above head. patient states her pain increased with lying down supine and when rotating her head to the right.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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.; It is not known if the patient has 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; 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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	133
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; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient been not been seen by or is not 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.	73
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.	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; 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.	47
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.; Patient complains of pain between his shoulder blades, right arm has been getting numb, and his right hand has been tingling states this has been going on and off for a couple of months.&#x0D; &#x0D; NECK/THYROID: C6 tapping and light pressure causes shooting elect	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 no 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.; 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"; Yes, there is laboratory or x-ray evidence of a paraspinal 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; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; yes, there is a documented evidence of extremity weakness on physical examination.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		this is relative acute starting about two weeks ago and is increasing in weakness and 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.; The patient 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		thoracolumbar spine disc disease; This study is being ordered for trauma or injury.; 7/30/18; There has been treatment or conservative therapy.; limited range of motion, back pain radiating down his legs, instability, severe migraines; 6 weeks physical therapy, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 10/30/18; There has been treatment or conservative therapy.; weakness in right shoulder, decreased range of motion, pain, inability to perform daily tasks; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does 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 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.; ; 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	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.; Over 1 year; There has been treatment or conservative therapy.; Pain&#x0D; Radiculopathy; 6 weeks Physical therapy&#x0D; Multiple Epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	back pain. xray showed degenerative changes in facet joints at multiple levels. Medrol dose pack effective- but when completed discomfort returned. Pain starts in low back and makes it way up her back to her neck- per pt.; 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	Enter answer here - or Type In Duration of Diagnosis: Reports months (8)&#x0D; Pain/Symptom Onset: gradual&#x0D; Activity at Onset: Reports lifting&#x0D; Work Related Injury: No&#x0D; Pain Location: Reports thoracic Reports upper and midline&#x0D; Pain Radiation: Reports neck and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does have neurological deficits.; The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; This is a request for a thoracic spine MRI.; 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.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	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 recent fracture on previous imaging studies.	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.; 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
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 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 in rollover accident resulting in a burst fracture of the T-12. He was taken to ER and then airlifted to a distant hospital. The had made arrangements for the patient to follow-up with neurosurgeon but patient did not wish to travel that distanc	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.; pt x-ray shows fracture T11. MRI is needed for age determination, prior to kyphoplasty	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.; 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	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?	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 study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	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.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	2
General/Family Practice	Approval	72146 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 osteomyelitis.; The study is being ordered due to known or suspected infection or abscess.	1
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.; unknown; 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Xray show degenerative disc mild to moderate at every level in the thoracic spine. Sounds like there has to be a pinched nerve. Patient must have an MRI for referral to Pain Management. Has failed NSAIDS, four weeks of PT, and muscle relaxants. New neuro! 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.; Decreased strength of the right arm to fifth digie which is the T1 dermatome with muscle wasting on the left upper arm. Patient has trigger points noted on the upper outer trapezius ; sacroiliac joints bilaterally, medial elbows, medial aspects of the kne; The 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; mild stenosis, despite PT X 12 wks,	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back left lateral flexion. Worse pain with lifting. Constant and 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right arm numbness/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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; TROUBLE STANDING ,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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 decreased strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; See other explanation in other box; The patient does not have new signs or symptoms of 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/2018; There has been treatment or conservative therapy.; Back and Neck 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	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.; Over 1 year; There has been treatment or conservative therapy.; Pain&#x0D; Radiculopathy; 6 weeks Physical therapy&#x0D; Multiple Epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1996 he had lumbar discectomy surgery He states that hot showers help just for a few minutes but did not resolve the pain. He also states that Aleve no longer helps with his back pain, he states that the pain radiates down his right leg lumbar midline spi; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for arthralgias and back pain Lumbar back: He exhibits tenderness, bony tenderness and pain (radiates bilaterally down both legs). did complete physical therapy earlier this year, and that it only made his pain worse. He states that now his low; 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		Abn reflexes radiating pain down the left leg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Back pain; Rx medication 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		ABNORMAL LUMBAR MRI APPROX APRIL 2018 AND STILL EXPERIENCING PAIN. FOLLOW-UP REQUIRED; The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; There has not been a recurrence of symptoms following surgery.; 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		abnormal nerve conduction study was done on 11/1/2018; This study is being ordered for a neurological disorder.; 8/5/2018; There has been treatment or conservative therapy.; leg pain, numbness; steroid shot, 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		Ambulating with limp and stoop posture, ABN x ray, going on for several weeks 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 weakness.; Tenderness to lower back and hip area, all movement makes pain 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		back pain. xray showed degenerative changes in facet joints at multiple levels. Medrol dose pack effective- but when completed discomfort returned. Pain starts in low back and makes it way up her back to her neck- per pt.; 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		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 low back pain from thoracic to lumbar spines. Has history of scoliosis, no radiculopathy or neuropathy but history of Diabetes Mellitus. Treated with chiropractor services for greater than 4 months without adequate response, TENS unit, Nsaids.; 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		decreased strength bilateral +1 edema; The study requested 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 was seen oct 12, 2018 sensor deficit S2 (R) side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Enter answer here - or Type In UnknowBack Pain&#x0D; Reported by patient.&#x0D; Location: lumbar; pain radiating to the buttocks&#x0D; Quality: dull&#x0D; Severity: worsening; severe (8-10); interference with sleep&#x0D; Duration: chronic &#x0D; Onset/Timing: recurrent episode &#x0D; Conte; 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 OF HAND AND FEET; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Faxing; 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		had PT; x-ray;; The study 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		He c/o pain worse and radiating to L leg and groin as well as weakness in L leg tried PT for last 4-5 weeks w/o 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Headaches, dizziness. symptoms are worsening, despite 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.; 05/04/2017; There has been treatment or conservative therapy.; Pain, decreased mobility, swelling, tingling in the arms and legs.; Pain medicine, PT, 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

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		MEMBER HAS NOW COMPLETED 6 WEEKS OF CONSERVATIVE TX INCLUDING 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 weakness.; Document exam findings hips 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		No clinincs 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
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 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.; Ovarian and colon ca DDD tenderness si joints tender pain radiating down legs to buttocks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		Numbness in the left leg, pain in the left and right leg, spinal fusion in the past I5 and S1. Pain radiates from lower back to her hips.; The study 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 is a 10:10 and getting worse according to Pt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2018; There has been treatment or conservative therapy.; tingling arms, sciatica in both legs, affecting ADL; PT, 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
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PATIENT HAS HAD MULTIPLE VISITS TO A CHIROPRACTOR. THE CHIROPRACTOR STATES PATIENT HAS A BULGING DISC.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APROXIMATELY 11/12/18; There has been treatment or conservative therapy.; SEVERE LOW BACK PAIN; CHIROPRACTOR VISITS X13; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 is a 51-year-old white male presents today for follow-up for neck pain, low back pain. I saw him as a new patient on 11/27/2018, for ER follow-up. Patient reported fall at lows 2 weeks prior to that visit. Where a cabinet fell off of a shelf and; This study is being ordered for trauma or injury.; FELL TWO WEEKS AGO YESTERDAY, TRANSPORTED TO ER. &#x0D; --NECK PAIN &#x0D; RADIATING TO BACK &#x0D; NOT GETTING ANY RELIEF.; There has been treatment or conservative therapy.; FELL TWO WEEKS AGO YESTERDAY, TRANSPORTED TO ER. &#x0D; --NECK PAIN &#x0D; RADIATING TO BACK &#x0D; NOT GETTING ANY 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient is having leg and foot pain. Can't sit or stand for long. Unable to exercise.; 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 is having ROM of motion issues along with spasms of her neck. C-Spine: Myofascial trigger points are present along with trapezius tenderness bilaterally. Patient has been to chiropractor and had massage on multiple occasions without relief.; This study is being ordered for a neurological disorder.; Patient reports pain started in neck on 09/12/2018.; There has been treatment or conservative therapy.; Patient complains of acute worsening of chronic conditions. Pain is describe as sharp, shooting, burning pain. Radiation of pain bilateral, constant and to bilateral arms. Patient also complains of tingling/numbness down both arms.&#x0D; Patient reports bac; Patient has used NSAIDs for 8 weeks, physical therapy for 6 weeks twice a week with worsening symptoms. Patient has also used muscle relaxers, rest, ice and heat all with no relief. Pain is worsening.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 with chronic low back pain having worsening symptoms including periodic loss of bowel and bladder; 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		Progressive worsening of symptoms; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt is in chronic pain for over a year; 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 tried physical therapy and is unable to tolerate it; 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 was first seen for back pain on 11/23/18, stated that he had been having back pain "for a while"; 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 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		RADICULAPATHY NEUROLOGICAL CHANGES CHRONIC BACK PAIN TYPE 2 INSULIN DEPENDENT DIABETIC HX OF POLY NEURAPATHY; The study requested 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; 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		she is having worsening in symptoms we tried to do physical therapy and the therapist called and she could not tolerate it. I am well aware, if they would approve this i wouldn't have to keep ordering. My note goes into great detail regading this. also, The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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		Sitting at a table and had just started eating their breakfast and a elderly lady hit the gas instead of the brake. they were thrown on to the floor. she is having pain in the entire left side from shoulder, with a pain into the 4th and 5th fingers on t; 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		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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.	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 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	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.	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	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.; 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 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.; 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
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 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	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	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 patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	9
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	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 6 weeks of completed conservative care in the past 3 months or had a spine injection	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.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		u/k; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; when pt walks legs are weak and gives out and hard to get up and down; The patient does not have new signs or symptoms of 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; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/26/2018; There has been treatment or conservative therapy.; back pain, right lower spine mainly, Physical therapy made condition worse; physical therapy, ice/heat packs, nsids, muscle relaxers, 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
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; 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	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		With regard to the low back pain, the discomfort is most prominent in the lower, left lumbar spine. This radiates to the left foot. This is a chronic, but intermittent problem with an acute exacerbation. Medical history is significant for spinal stenosis; The study requested 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, left lumbar spine. This radiates to the left foot. This is a chronic, but intermittent problem with an acute exacerbation. Medical history is significant for spinal stenosis; The patient does not have new signs or symptoms of 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	72192 Computed tomography, pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered due to known or suspected infection.; It is not known if 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.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		; 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."; 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	72192 Computed tomography, pelvis; without contrast material		; 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		; 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		Cervical 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Elevated white blood count, have elevated temp and elevated Heart rate; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Mass of ovary - new problem. will repeat CT scan pelvis.&#x0D; R19.09: Other intra-abdominal and pelvic swelling, mass and lump&#x0D; CT, PELVIS, W/WO CONTRAST&#x0D; Abnormal vaginal bleeding - new problem&#x0D; N93.9: Abnormal uterine and vaginal bleeding, unspecified; 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		N92.6: Irregular menstruation, unspecified, Due to this patient's history, it seems she is having problems with irregular/painful menstrual cycles. ordered a pelvic ultrasound to help rule out ovarian cysts, tumor and enlarged uterine masses/wall.R10.2: P; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Pt is here today for f/u on knot on her leg. Pt states shes not noticed any decrease in size and still has 1 day left of bactrim.; 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		Ultrasound in the region of the palpable lump in the right buttock demonstrates 2.5 x 3.4 x 0.9 cm low echogenicity in the soft tissue and may represent hematoma versus soft tissue mass from other etiology. ; 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		Unknown; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			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 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
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is not planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Ms. Escobar recalls developing pain in her right lower back region after wrestling one day in December 2017. She suspected injury occurred when she was thrown to the ground and the other girl (whom she states outweighed her by 30 pounds) landed her should; 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)		Patient had an abnormal pelvic ultrasound; 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)		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.	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 evaluation of the pelvis prior to surgery or laparoscopy.	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.	5

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.	4
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.; Oct. 2018; It is not known if there has been any treatment or conservative therapy.;; back pain, bowel/bladder 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
General/Family Practice	Approval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 10/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	15
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	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.	7
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.	2
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/9/2018; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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
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.;; 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)		; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; , her pan just has not gone away. She Describes the pain in her trapezius and going into her right lat neck.; pt has under gone pt tried otc meds and rx 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		decreased range of motion, tenderness, pain and spasms; 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)		He reports that approximately 3 weeks ago when playing disc golf he felt like he pulled something in his right shoulder. Since that time he has been experiencing continued pain that radiates from his right shoulder down through his right arm into his rig; 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)		pain; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Patient has weakness, numbness, tingling, instability, tenderness and pain of the right shoulder. unable to lift arm over head, popping/catching w/rom, limited rom, tenderness of sternoclavicular joint, ac joint, greater tuberosity and scapula. pain is ; 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 is also having migraines; This study is being ordered for trauma or injury.; 11/7/2018; There has not been any treatment or conservative therapy.; parathesia -sharp pains in the shoulder and no feeling in left hand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PT FELL OFF HORSE AND HURT WRIST. rt wrist pain with decreased rom.&#x0D; No acute fracture identified.&#x0D; Lucency in the lunate may represent an intraosseous cyst or subtle erosion.; 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.; 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 requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
General/Family Practice	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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; Inflammation of rotator cuff 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."; patient had a 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."; Right shoulder injury - approximately 1 week ago pt was on a hover board and jumped off. The board slipped and caused her to fall backwards hitting her right hip and buttocks. She extended her arms trying to catch herself. She has been experiencing wor	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.; This study is being ordered for 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; It is unknown if surgery is planned.	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.; This study is being ordered for 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.	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.; 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.	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 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.	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 an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	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.; 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.	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.	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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	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 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 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 a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	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		U/K; 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.; This study is being ordered for None of the above; 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		Unknown; 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.; This study is being ordered for 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	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.; This study is being ordered for 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		xray came back normal pt complains of pain rule out tears; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6months prior to visit 7/19/2018; There has been treatment or conservative therapy.; Symptoms include knee pain, decreased range of motion, difficulty bearing weight and difficulty ambulating; BILATERAL KNEE PAIN SEVERAL MONTHS GETTING WORSE PAINFUL POPPING , OCC GIVING, NO LOCKING OR SWELLING INJECTED BACK IN JULY IWTH KENALOG BUT ONLY HEL; Pt had Kenlog Injection and took OTC 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 speciality 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; , her pan just has not gone away. She Describes the pain in her trapezius and going into her right lat neck.; pt has under gone pt tried otc meds and rx 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 speciality 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		for evolution; 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		This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	5
General/Family Practice	Approval	73721 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 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.; 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 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.	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.; 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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	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).	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 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.	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3
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	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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Abd pain x 1 yr; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Abdominal Pain&#x0D; Reported by patient.&#x0D; Location: RUQ; epigastric &#x0D; Quality: sharp and achy &#x0D; Severity: pain level 0/10 &#x0D; Duration: intermittent &#x0D; Onset/Timing: wax/wane &#x0D; Context: food &#x0D; Modifying Factors: eating (worse) &#x0D; Associated Symptoms: no fever; no; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Bilirubin; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	concern of a palpable mass at her previous hernia repair site. This seems to have been getting larger over the past few months.; 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	CT to make sure there is no hidden pathology within your liver. I would check a vitamin D a parathyroid hormone and a calcium level.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Diverticulitis of colon Abd pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	History of diverticulitis with perforation, gall bladder disease with multiple stones, abdominal wall hernias that have been repaired with mesh extensively; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Lipoma; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Nausea, vomiting, severe stomach cramps ultrasound does not show any anything but patient has lost weight drastically the past 4 months.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	pain upon palpation; 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 a known ovarian cyst that was surgically removed. Her wound has granular tissue has smaller, thick yellow discharge and palpable pain on left side of wound, MDO will hold wound back this week, and get CT to ensure no large hernias fistula or w; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		patient has a possible incisional hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has been having abdominal pain for several weeks. She recently had an Abdominal Ultrasound that was abnormal and needing CT to further evaluate.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has had abdomen pain x 3 month with no relief.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Patient was found to have right renal cyst in abdominal ultrasound. c/o LUQ pain for some time.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Persistent abdominal pain without improvement conservatively; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Pt complaining of hernia type pains in abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Pt has persistent epigastric pain not relieved by meds. Pancreatic enzymes abnormal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Pt having persistent abdominal pain and chronic constipation. Looking for any GI problems; 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	Pt states that this LUQ pain is the same pain that he was seeing GI for and he states that they did EGD, colonoscopy, and U/S for and could not find anything wrong. States that they put him on the PPI, which has helped some, but not all the way. States t; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Pt suffers with epigastric pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Pt with right lateral periumbilical tenderness with palpable mass; increasing fatigue; 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	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
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	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; 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 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	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	15
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	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	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	24
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	3

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	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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of 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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are 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	3
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	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, 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
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.	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt; Suspected MASS; This is 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; It is not known if the patient is presenting new symptoms.; 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 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	; This is 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 acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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 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	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has been coughing up blood since 10/18/2018 and she has had the knot since 04/2018 but it has gotten bigger and is painful to the patient.; It is not known if there has been any treatment or conservative therapy.; Coughing up blood. Knot that has gotten bigger and is painful.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 pain - Chronic. She has multiple large abdominal hernias, repair with mesh attempted in 2007, had wound vac for 3 months now healed, bu has large hernias as a result. She got Ct abdomen in March 2017 which did not show any other plausible caus; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Appendicitis , Pain is sharp and burning several times a day every 5 to 10 min. never had ovarian cyst.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Chronic right 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Complains of pain in right lower quadrant, left lower quadrant, epigastric pain, pain seems worse throughout the day. Has threw up a bit of blood; was running fever yesterday. Tenderness in right lower quadrant with guarding and pain to area when doing leg; 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		Enter answer here - or Type In Unknown Ms. Braton presents with CC of GI symptoms. For the past days, she has had water diarrhea consistency. This morning after sleeping for 2 1/2 hours so when she went to go she threw up. She has not threw up since then.; 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		had a ultrasound of abdomen and carotid us. both were abnormal findings; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; skin discoloration; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		HEMATUREA CHRONIC PAIN HURTS TO STAND AND MOVE; 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		history of COPD; This study is being ordered for a neurological disorder.; 12/27/2018; There has not been any treatment or conservative therapy.; abdominal pain, chest pain, wheezing, coughing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		HX of IBS lower left quad pain, pt is guarding; 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		Kidney protocol; This is a request for an abdomen-pelvis CT combination.; This study is being 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		mild diffuse tenderness. &#x0D; Complains of diffuse abdominal pain for 3-4 weeks. Eating does not make it better or worse and appetite is not affected. Feels like he needs to defecate a lot, but he is going 1-2 times a day. It is solid most of the time, occas; This is 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		Need to know if the masses have grown or stayed the same.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/05/2018; There has not been any treatment or conservative therapy.; 3.1 cm AAA, 5.5 mm lung nodule right lung base.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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 a baby 2 months ago and since then has had abdominal pain and abnormal bleeding. Abnormal abdominal ultrasound showed ascites and splenomegaly; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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 has abd pain elevated lipase 80 and amtlase is 124 Acute pancreatitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	patient having lower ab pain. Fever. UA negative. CBC, diverticulitis possible flare up . UA 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.; 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 increased lower abdominal pain with diarrhea and 17 pound 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 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	patient is having left flank pain and hematuria. x ray shows a 7mm stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is seen today with complaining of having urinary symptoms. In the past she had history of kidney stone. She has extensive family history of kidney stones. Previously CT was ordered when she was having similar symptoms. She is complaining of right; This is a request for an abdomen-pelvis CT combination.; This study is being 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 reports muscle aches and arthralgias/joint pain. She reports weakness and dizziness (ongoing) but reports no loss of consciousness, no numbness, no seizures, and no headaches. She reports fatigue. She reports no fever. She reports no ear pain. She; 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	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.; I am concerned that he may have torn something in his right shoulder, possibly his supraspinatus. Right shoulder with pain to external rotation. Pt is unable to actively raise his arm above his head, but I am able to raise his shoulder passively. patient	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.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	3
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.	156
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.; Patient has had right shoulder pain for several weeks. States that it does keep her awake at night. Patient has taken muscle relaxer with no relief. Patient had an x-ray done of right shoulder which did show osteophyte formation. Patient called and is sti; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	3
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.; arm is weak not able to lift things .... weakness of right 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.; 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 with pain and limited ROM after catching himself last week when he slid down a hill in the rain while walking his dog. Shoulder pops.	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.; pt had an injury in July 2018, pt has tried medications, positive Epley's test, pt worsens with vertical abduction, tenderness from anterior and superior right shoulder	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient was on antibiotics for uti and has gotten any better. patient presents with right flank pain and blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT 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 RLQ pain, tender to touch, with nausea.; 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	Pt with L LE popliteal pain for almost 2+ years. Had US about 18 months ago to r/o DVT. States pain never really resolved. States pain is worse with squatting and trying to stand again. Knee is not popping or catching. States it doesn't give way on her. &#x0D;; 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	Suspected 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	tenderness in the ,slight tenderness in mid lower abdomen on palpation with bowel sounds present in all four quadrants.; 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	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 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 billirubin, ketones, nitrites, hematuria/blood, glucose or 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.; 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	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.; pt was hiking and slipped, grabbed a branch and heard something pop. when working out heard something pop again and hurts profusely. has tenderness in acromion Positive Hawkins and drop arm test and acts like has torn rotator cuff. too much pain for p	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 injury 5 days ago, severe pain, unable to use, positive for weakness, restricted ROM, unable to elevate over head, nonexistent internal rotation, restricted abduction, Rotator cuff injury with possible 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.; 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.; 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.	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.	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 results of the plain films is not known.; The patient is experiencing joint locking or instability.	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.;	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 pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	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 physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	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 is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; The patient has not had a recent CT of the shoulder.	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 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?	10
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 completed 6 weeks or more of Chiropractic care.; 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)		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
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 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 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).	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 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 not an orthopedist.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.; There is documented findings of severe pain on motion.	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 ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; &lt; Enter answer here - or Type In Unknown if No Info Given. &gt;	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.	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.; 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		This is 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	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 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 hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
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.; 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.; 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	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 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
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.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; 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; 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 speciality 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)	Unknown; This study is being ordered for trauma or injury.; 10/30/18; There has been treatment or conservative therapy.; weakness in right shoulder, decreased range of motion, pain, inability to perform daily tasks; 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 speciality 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)	Widening of the right AC joint measuring 7mm is noted cannot grade 1 ac separation, and recommending further studies and she had on 12/6/18 @ ER. Accident happened on 12/6/18; 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	73700 Computed tomography, lower extremity; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; found a mass in ultrasound, and it was recommended to do a f/u ct; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; 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	73700 Computed tomography, lower extremity; without contrast material		Patient had an abnormal Doppler arterial bilateral lower extremity done. SHe is needing this for further testing due to an abnormal test already done. She is having leg pain as well.; 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	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
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	4
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 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
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 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 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.; "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 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 Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; 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 Leg 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 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		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown date... Post right hip replacement surgery.; There has been treatment or conservative therapy.; THIS IS THE CASE OF A 62 Y/O BLK FEMALE STATUS POST RIGHT HIP REPLACEMENT ( ARTHROPLASTY )  ATAXIA . LEG LENGTH DISCREPANCY .; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1

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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	Approval	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.; Injury to right foot and ankle.; There has been treatment or conservative therapy.; pain to right foot and ankle with swelling; walking boot, ice ,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	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	33 yo female with acute left achilles tendon injury. Her history, exam and x-ray findings suggest an acute rupture. Will place her in a CAM walking boot for support. She will remain NWB on crutches. Advised to use ibuprofen 800mg TID and ice to help with ; 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	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Anti-inflammatory medications and ice packs; This study is being ordered for trauma or injury.; 12/26/18; There has not been any treatment or conservative therapy.; Unable to bare weight, swollen knee, tenderness, limited range of motion, knee and hip pain, and strain hip flexor muscle.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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	had xray that shows something; 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
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	IMPRESSION:&#x0D; 1. Degenerative joint disease with chondrocalcinosis involving the&#x0D; meniscal cartilages.&#x0D; 2. Soft tissue swelling is present in the suprapatellar region. I&#x0D; can't exclude a quadriceps tendon or muscular injury&#x0D; Electronically Signed By: Russe; 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	No clinical information; 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.; This study is being ordered for None of the above; 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 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
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 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	Approval	73720 Magnetic resonance (eg, proton) 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
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 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 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	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.; 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	46
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	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 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	4
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	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 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 has a documented limitation of their range of motion.	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 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.	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 an orthopedist.; This study is being ordered for 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 an orthopedist.; This study is being ordered for 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability	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 ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion	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.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.	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 ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking	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.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days	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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	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.; This study is being ordered for None of the above; Limited 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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; It is not known if there is a 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.; This study is being ordered for 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.	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.; This study is being ordered for 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.; This study is being ordered for 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.	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 ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	29
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.; This study is being ordered for None of the above; 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.; This study is being ordered for 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.	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 did not have a 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 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	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 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	14
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	1
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	1
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 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.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	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	23
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	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 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.; 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 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	13
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.; 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.; 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
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	8
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 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.; 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 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 are 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.; This study is being 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	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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for 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.	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 not an orthopedist.; This study is being ordered for 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 normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	12
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.; &lt;Additional Clinical Information&gt;; This study is being ordered for 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.; PT unable to walk, fluid in the joint seen on xray alone with a foreign body.; This study is being ordered for 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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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.; 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 patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1
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 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	73720 Magnetic resonance (eg, proton) 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.	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 taking antibiotics.	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 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 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.	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, 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
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		trying to rule out a ligament tear. xray showed negative for any fractures.; This study is being ordered for trauma or injury.; 9/4/18; There has been treatment or conservative therapy.; Pain radiating from right ankle down into right foot. pain not getting any better. swelling to the ankle and foot; Patient was prescribed a walking boot, resting, elevation, ice and heat alternating instructions, tramadol 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	2
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			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; 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		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.	4
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 steriod 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 steriod therapy (Prednisone or Cortisone).; 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 requests for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	4
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 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.; This study is being 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	8
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	40
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	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 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
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	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 are 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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	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 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
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 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.	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 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
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 had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	8
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 receiving long-term steroid therapy (Prednisone or Cortisone).; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 10/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material			1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1



General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; abdominal swelling, chronic cough; 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	74150 Computed tomography, abdomen; without contrast material		10/15/2018 Normal abdominal ultrasound,10/31/2018 with same complaint on the left side. Gastric pain. lab test normal. Further evaluation. Fatigued and has headaches, fever.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		abdominal and pelvic swelling, 3 month follow up for a 10 mm nodule.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		abnormal abdominal x-ray and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Abnormal ct scan 1/2017 and ultrasound normal but 15mm on ct with liver lesion on right lobe radiologist recommended multi phase ct of abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Abnormal ultrasound. Abdominal pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		blood in stool, abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		CHRONIC PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		elevated liver enzymes, abd pain, and appetite changes; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		evaluation of vascular lesion in the liver noted on non contrasted CT abdomen and pelvis performed 11/3/18; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		In regard to the generalized abdominal pain, this is located primarily in the left upper quadrant. It does not radiate. It began August 2018. The onset of pain occurred with no apparent trigger. He characterizes it as sharp. Associated symptoms include; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		mass originally seen on MRI L Spine. pt then had abd US showing 2.6cm isoechoic/hypochoic mass. radiologist recommended CT Abd with and without contrast; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for 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		PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		patient has been having this pain for two months; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		Physical exam of GI during initial office visit showed: no masses palpated, soft, tender in upper epigastric area on palpation, no organomegaly, bowel sounds normal.; 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	Approval	74150 Computed tomography, abdomen; without contrast material		pt has a hx of hernia repair one year ago. pt is having pain and noticeable bulging in abdomen. surgeon will require new ct prior to appt; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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	3
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	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 kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing 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.; 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 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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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 vascular disease.; The requested studies are being ordered for known or suspected hematoma and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; 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 known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	3
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 Ulcerative Colitis.; 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 Diverticulitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of 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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.; 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 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	2
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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	unsure of cause of hypertension, greater than 2 months; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Will fax clinical info.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		6
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1yr; There has not been any treatment or conservative therapy.; abd pain, 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
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 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 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	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 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 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	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	; This study is being ordered for trauma or injury.; 12/7/18; There has not been any treatment or conservative therapy.; hematuria and 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	6 mo cancer surveillance; 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		ABDOMINAL PAIN, PALPITATION RIGHT UPPER QUADRANT FULLNESS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 tenderness, abnormal US - spleen enlargement, abnormal liver enzymes.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		ABNORMAL PH; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		blood on the urine.; This is 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		c/o abdominal pain x's one week. worsening. r/q fullness, tendernes. UA negative, xray negative. needs CT to r/o 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 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		Elevated creatinine level and within an ultrasound showed obstructive uropathy and hydronephrosis, requested study by urology before they would see him; 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		elevated white blood count and 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		feeling weak and fever, abd pain&#x0D; post hysterectomy 5 days ago.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was 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		flank pain, 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 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		has had injections and has rheumatoid arthritis and acute cystitis with hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Having a rectal exam SHOULD NOT be a criteria for an ABD/Pelvis CT!!!! This man has Gross Hematuria an severe Flank Pain!!! We are going to have to send him to the EMERGENCY ROOM to have a CT done because YOU think he needs a RECTAL EXAM BEFORE HE IS ABL; This is a request for an abdomen-pelvis CT combination.; This study is being 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; 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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Henry V Williams, a 73 y.o. male presents with a Chief Complaint of Abdominal Pain&#x0D; x 2 months. Pain is diffusely over his abdomen. BM normal frequency, color, and consistency. + flatus. No fever, constipation, nor diarrhea. No BRBPR/melena. Colonos; 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	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 are 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.; This study is being requested for abdominal and/or pelvic pain.; The study 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
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 abnormal.; The patient is 50 years or older.; 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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	6
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	118
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Today with a constellation of concerning gastrointestinal symptoms. About a year ago his stools started softening. He now alternates between soft stools and diarrhea regularly. He has had melena essentially constantly, with intermittent hematochezia. He 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 male.; A rectal 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	Trouble eating for 3.5mos, causes nausea, vomiting and dizziness. Barely eats, not hungry. Ab pain worse w/ food. Ultrasound 2016; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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	low back/abdominal pain, sharp, pt states feels like a kidney stone.&#x0D; Exam: guarding, LLQ tenderness, CVA tenderness; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was 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	mild sigmoid diverticulosis; This is 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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		monitoring of known breast ca restaging while undergoing 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Mr. HEFFNER is a 51 year old White male. This is a follow-up visit. &#x0D; It began 1 week ago. It is of moderate intensity. There are no obvious aggravating factors. Nothing relieves the symptoms. Associated symptoms include rectal pain w bm. APPETITE ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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		ongoing abdominal pain. acutely worse in last 24-48 hours. Needs hernia repair surgery. has large palpable umbilical mass. possible incarcerated hernia vs malignancy; This is a request for an abdomen-pelvis CT combination.; This study is being 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		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.; 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		patient has had continued abdominal pain since 11/14/2018.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 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		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
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 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		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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		We saw the patient who presented with abdominal pain which was a follow up to and emergency room visit. She had an abnormal ultrasound which showed a mass on her liver. The radiologist requested an abdominal/pelvic CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		XRAY WAS DONE on abdomen and it 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 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has Pain, after eating, vomiting when pain worsens, eating causes pain, asthma attack, constantly has diarrhea, bright red blood in stools, hernia on right lower quadrant for 10 years, fatty liver; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 rlw pain, elevated wbc, tender to palpation, guarding; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient was seen at hospital, she had a CT that showed and abcess, this is just a follow up since she is still having abdominal pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT possible appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PT C/O LOWER ABDOMINAL PAIN, LEFT INGUINAL PAIN AND GROIN 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PT has had an IVP that recommended the CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pt needs 6 month follow up on a right iliac artery aneurysm; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		1. 3.5 cm lesion in the right lobe of the liver corresponding to the lesion seen on the previous CT has signal and enhancement characteristics consistent with a hemangioma. 2. Similar appearing lesion in the spleen has signal and enhancement characteristics; 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
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		abd mass found on us; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)		ABNORMAL CT SCAN / LIVER SHOWS POSSIBLE INJURY WITH THICKENING OF COLON ON RIGHT SIDE; 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)		Bilateral indeterminate renal lesions; Found on CT while patient in the ER on 9/2. "Bilateral indeterminate renal lesions. Recommend further evaluation with contrast enhanced MRI of the abdomen to exclude solid mass." The masses were both about 1.8 x 1.; 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)		Incidental 7 mm lesion within the body of the pancreas. Not optimally defined on this study. Nonemergent further characterization of this lesion with MRI pre and post contrast, MRCP, is recommended.; 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)		MASS FOUND IN CT FOR ADRENAL; 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)		positive liver enzymes ABN ULTRA; 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 amylase or lipase was NOT noted.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		RENAL MASS; Flank pain, stone disease suspected; Hematuria, unknown cause; transient episodic hematuria, failure abx x 2, cva; tenderness Flank pain; Hematuria, unspecified type; Bilateral flank pain; pain; Leukocytes in urine; CVA tenderness; History of recu; This request is for an Abdomen MRI.; This study is being ordered for hematuria.; 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	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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; It is not known if there are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.; "There are no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There is not radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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 an oncologist, urologist, gastroenterologist, or surgeon."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; Patient presents to clinic to schedule follow up MRI Abdomen for known hypervascular masses in the liver. Patient was scheduled for MRI in September 2016 and did not show for the appointment. Her last MRI of the abdomen was February 2016.	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 not an oncologist, urologist, gastroenterologist, or surgeon."; COMPLAINING OF SPASUM RIGHT FLANK PAIN RADIATED TO THE BACK AND DOWN TO THE LEGS HISTORY OF HEPATIC LEGION FOUND ON MRI A YEAR A GO	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."; Pt having abdominal pain & nausea. Pt does not have a gallbladder. CT A/P showed a 2.2 x 2.9cm right adrenal mass which had developed since the last study from 2004.	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.";	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."; ***PLEASE EXPEDITE APPROVAL; CT ABDOMEN AND PELVIS 12/07/18 IMPRESSION: 3.1 x 3.2 CM MASS-LIKE LESION INVOLVING THE LEFT LATERAL KIDNEY WHICH DEMONSTRATES HETEROGENEOUS ENHANCEMENT, PARTICULARLY ALONG ITS MEDIAL MARGIN. THIS IS SUSPICIOUS FOR RENAL CELL CA	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Restaging post chemotherapy 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

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		right side weakness and headaches, trouble getting around affecting knee, problems with bowels; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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		suspects appendicitis. pain in lower right abdomen just below beltline. sometimes radiates to mid-lower abd and groin.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; 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.; 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.; 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 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.; 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 unknown.; 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 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
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.; 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 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	4
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 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	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 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 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
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.; 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	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 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.; 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 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
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.;" A mass was found on ultrasound. The radiologist recommended follow up with 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.; "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 labs	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.;" Elevated ALT/AST &#x0D; "fever" off and on &#x0D; Microscopic hematuria &#x0D; Liver masses	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 lesion RUQ pain abn findings 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.;" Mass/Nodules in the right upper quadrant adjacent to the right lobe of the liver.&#x0D; Monitor follow-up imaging in 4-6 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 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 been having epigastric pain. She had an ultrasound on 12/14/18 and it shows a 3.2cm lesion in the left lobe of the liver. It recommended an 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.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Pt had a CT showing a liver mass. Pt then had a MRI done that suggested she have a repeat MRI done in three 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 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 had a recent liver ultrasound and CT abdomen and pelvis with contrast that indicated patient having 3 solid liver masses. Recommendations for an MRI Liver for further 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 being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" There is a mass in the medial upper pole of the right&#x0D; kidney seen by CT which measures 10 mm in maximal diameter. This is&#x0D; not identified by ultrasound. Because of this it should be assumed to&#x0D; be solid. Because of the patient's age malignancy is felt to	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.;" There is an oblong mass in the retroperitoneum at the level of the&#x0D; celiac axis measuring 4 x 1.3 x 2 cm. Given the location, this is most&#x0D; likely related to an enlarged lymph node but is overall indeterminate&#x0D; in etiology. Recommend correlation to previo	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.;" There was a growing 2.5 cm adrenal nodule noted on LDCT for Lung cancer screening...the MRI is to follow up in 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."; Patient recently had a CT scan of abdomen due to urinary calculus. CT scan noted a lesion on Liver that is unchanged since last scan in 4/2017.	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."; Abdominal 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.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or 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.; 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.; LIVER DISEASE UNSPECIFIED&#x0D; Abdomen: Bowel Sounds: normal. Inspection and Palpation: no guarding, masses, or CVA tenderness; epigastric tenderness, LUQ tenderness, and RUQ tenderness (Positive Murphy's sign); and non-distended. Liver: non-tender and no he	1
General/Family Practice	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 10/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 1. Chest pain; Continues to c/o intermittent chest pressure, worsening in intensity over the past several months. Negative MPI and normal echo 11/17. Given continued symptoms, will arrange for CTA of coronaries.&#x0D; 2. Palpitations: Continues to report worse; 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.; Patient has been having Precordial Pain for several months, has recently had a Nuclear Stress Test that was negative.	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).	4
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.; 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	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
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 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.; 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	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 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	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.; 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
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	3
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 has Diverticulitis.; 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	6
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 know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Her mother has a history of breast cancer diagnosed at age 32. Her lifetime risk=20% using the Tyrer-Cuzick Risk Assessment. She has right breast pain and nipple discharge. MRI is being requested for further evaluation.; 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		Tenderness under Rt axilla and lateral aspect breast at 9 o'clock; 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		The patient reports a positive family history of breast cancer. She states her mother and two maternal aunts. have had breast cancer (see FMHx). &#x0D; &#x0D; &#x0D; Her mother was diagnosed with breast cancer at 60 and colon cancer at 65.&#x0D; 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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	3
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).	9
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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	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.	6
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.	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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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
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 has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; It is unknown if the patient has 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)		; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 ekg chest pain fsatigue sob high bp; 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)		Patient has chest pain starting from 12/17/18. She has taken aspirin and has not worked, patient has a EKG.; 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)		SEVERAL EPISODES OF LEFT SIDE DNECK STARTIN IN THE LEFT CHEST AND MOVIN UP ACCOMPANIED BY PALPATIONS LASTIN ANYWHERE FROM 20 MIN TO A 1.; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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 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
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 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

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.; 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
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 NOT a Medicare member.; The patient is 65 or older.	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 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	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	7
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	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	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 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		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	4
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 clinical findings or indications of Hematuria.; Other; 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	2
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 suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	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 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

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); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot 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 a physical restriction to the member's ability to exercise	1
General/Family Practice	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 documented clinical findings consistent with a valve disease.; chest pain and palpitations	1
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; 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
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 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	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 Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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		Suspected TIA or Stroke; This study is being ordered for a neurological disorder.; 12/04/2018; There has been treatment or conservative therapy.; left sided weakness, numbness tingling; Eliquis 5mg bid; daily aspirin; US carotid 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
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.; 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	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.	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 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 an enlarged heart; The patient has known or suspected pulmonary hypertension.	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 patient has shortness of breath; Known or suspected pulmonary hypertension	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 Mass.; This is for the initial evaluation of a cardiac mass.	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.; 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.	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.; It is unknown if 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 Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; 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.	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.	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 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.	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.	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 Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive 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 Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	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 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.	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;		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 is female.; 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
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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; 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

General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; This 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.; 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 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	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	oct for 6 mts fu but have to wait till then to send request they wont approve now for test in oct so hold this referal and resubmit after 10/18/18 they have all the documentation they need and see no reason it should be denied at that time; 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
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	pt gets LDCT annually; 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	screening for cancer; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a 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.	13
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 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.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year 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 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.; The patient quit smoking less than 15 years ago.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	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.; 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.; It is unknown when or if the patient quit smoking.	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)	impression of abdominal ultrasound stated that further eval with MRCP is recommended to exclude a common duct stone.; 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)	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
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Ultrasound does show a possible choledocholithiasis.; 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)	Ultrasound impression suggested that patient have MRCP done for further evaluation.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/9/2018; There has not been any treatment or conservative therapy.; Moderate 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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1yr; There has not been any treatment or conservative therapy.; abd pain, 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
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 chronic or recurring.	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.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown &#x0D;&#x0D; Patient reports photophobia and blind spots She reports occur daily (between 4pm and 6pm)&#x0D; She reports bright light makes it worse&#x0D; She reports avoiding bright light&#x0D; Pt. states she had an incapait; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 study is being ordered for Inflammatory/ Infectious 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	evaluation; 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	faxed in clinical info.; 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	headache and factor 5 leiden mutation; 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	None; This study is being ordered for trauma or injury.; 10/29/2018; There has been treatment or conservative therapy.; Abn imaging xray in Vietnam head injury; Blood work CXR; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 a family history of CVA. And is having very bad dizzy spells with high blood pressure.; 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 been seen in our office twice regarding this issue. has tried flexeril, ibuprofen, and bc powder. which has not helped. reports seeing spots occasionally; 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	patient is having increased Syncope. Medications is not working, rx and OTC. Headache has been present for 8 days with no relief. Needing a CT scan to see what is going on.; 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	patient seen on 9/12 and follow up on 9/20 with complaints of dizziness/vertigo that have not improved; 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	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
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	63
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	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 being 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	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	6

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 are 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.; 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.; 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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	seizures; 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 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.	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 chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	63
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 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	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.	28
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.	7
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	trauma to head, headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
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.; 10/2018; There has been treatment or conservative therapy.; headache, mri of the back atrophy and thicken.; 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	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 11/24/2018; There has been treatment or conservative therapy.; right side gentle tenderness with gum swelling to right ear and eye; Meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/18; There has not been any treatment or conservative therapy.; SWELLING, HARDNEST, TINDER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown &#x0D; &#x0D; Patient reports photophobia and blind spots She reports occur daily (between 4pm and 6pm)&#x0D; She reports bright light makes it worse&#x0D; She reports avoiding bright light&#x0D; Pt. states she had an incapaci; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Acute non-recurrent maxillary sinusitis; 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	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Faxing OV 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.; Jaw pain 12-1-2018 Office visit 12-11-2018 CT of Chest is because of nodule found on X ray 30 pack a year smoker OV of 12-11-2018; There has not been any treatment or conservative therapy.; Chronic Jaw Pain hurts patient to Chew trouble eating due to pain 30 pack a year smoker and lesion/nodule shown on X ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology PT SXS HAVE WORSENEDE DESPITE TREATMENT; 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	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	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	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 (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	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 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/18; There has not been any treatment or conservative therapy.; SWELLING, HARDNEST, TINDER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/03/2018; There has been treatment or conservative therapy.; neck pain, headaches, pain in left lower extremity; 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	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	2
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Ultrasound impression showed that the mass was solid and a CT was recommended for further study.; 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	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 has a nodule on left jaw; This study is being ordered for a neurological disorder.; patient has had four seizures in one month; There has not been any treatment or conservative therapy.; patient has had four seizures in one month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.	5
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 9/28/2018; There has not been any treatment or conservative therapy.; double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	pain in neck radiating to both arms, numbness in fingers, hands, and arms bilaterally;"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient states that she woke up with neck pain Monday morning and is unable to move her neck at all. Her left ear is hurting her really bad now and patient is complaining of a headache. Patient describes the neck pain as throbbing while at rest and shooti;"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
General/Family Practice	Disapproval	70540 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.; 10/8/18; There has not been any treatment or conservative therapy.; headache an 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	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
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.	5
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Will Upload Document; This study is being ordered for Vascular Disease.; Onset of headaches 11/01/2018; There has been treatment or conservative therapy.; Headaches With Neck Pain; Stretching and OTC Pain Medications And Prescribed 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; nystagmus headaches and eye pressure vision changes; over the counter 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/30/2018; There has been treatment or conservative therapy.; unk; unk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 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	; This 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	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.; 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
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	A mass is present in the region the right facial nerve. This may represent a&#x0D; facial nerve schwannoma. An MRI of the facial nerve with contrast is&#x0D; recommended.; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	also having vision changes and 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.; 9/30/2018; There has been treatment or conservative therapy.; Dizziness, nausea, phonophobia, photophobia and vomiting; Medrol dose pack, headache came back worse. Also Indomethicin and Topomax. Staydol nasal spray as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	back pain of lumbar region with sciatica numbness and tingling in left hand EMG results show sensory neuropathy in left upper extremity rule out brain issues and stroke; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	cat scan in ER found asymmetric enlargement; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Chronic recurring headaches approx 2-3 per month since the age of 10. Unrelieved with 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	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; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Doctor is trying to evaluate for multiple sclerosis; This study is being ordered for a neurological disorder.; 10/11/2018; It is not known if there has been any treatment or conservative therapy.; Bilateral leg weakness evaluate for multiple sclerosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 New onset of dizziness after something popped in neck. Reports he feels drained for some hours after dizziness. This has occurred 3 times in the past 10 days, with each episode lasting 10-15 minutes. Associated symptoms inc; 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	facial numbness and tingling, head and scalp tingling; This request is for a Brain MRI; The study is 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 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	Fatigue, sudden metal changes, impulsive, memory impairment, agitated; 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	Follow up:The pt states he changed my Topamax but it doesn't seemed to have helped&#x0D; Appointment for MRI Brain WO, worsening headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	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 for 2 weeks with no relief, neck pain; This study is being ordered for a neurological disorder.; 12/4/2018; There has been treatment or conservative therapy.; headache that feels different from other headaches in the past and no relief of pain with medications; has tried several OTC and prescription medications for headache 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	headaches with numbness and tingling in hands and feet and blurred vision; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	HEENT Present- Headache (HAS HAD TO MISS WORK 2 DAYS THIS WEEK DUE TO RIGHT SIDE HEADACHE GETS MIGRAINE HEADACHE FREQUENTLY; This 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	loss of consciousness and memory changes; 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 having memory problem with times of feeling "foggy headed" - had neurologist appt and workup was normal; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Positive for headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt has a history of brain cyst and has not had them checked out in a while.; 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 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	Pt having fainting spells, episodes of syncope, malaise.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	R/O TRANSECETED ARTERY; This study is being ordered for trauma or injury.; 12/10/2018; There has not been any treatment or conservative therapy.; HEADACHE, NAUSEA, VOMITING, DIFFICULTY SPEAKING, CHEST PRESSURE, TROUBLE BREATHING, DIZZINESS, SHAKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	She has a benign tumor that they are watching; 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	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
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.; This study is being ordered for a tumor.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	tingling on left side; possible TIA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 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 a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; headache, pain in frontal area, neck pain, vision changes, neck stiffness pin in left arm, paresthasias, upper extremity weakness; physical therapy, medications, 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	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.; 12/12/18; There has been treatment or conservative therapy.; Pain, tightness, interference with sleep, photophobia, sensitivity to light, limited range of motion with straight leg raises, tenderness, radiating pain down bilateral legs; 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	US of head completed-no definite findings; 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	Will Upload Document; This study is being ordered for Vascular Disease.; Onset of headaches 11/01/2018; There has been treatment or conservative therapy.; Headaches With Neck Pain; Stretching and OTC Pain Medications And Prescribed 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt; Patient has copd and smokes quit a bit; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; abdominal swelling, chronic cough; 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.; 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	; 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	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	2
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	5. Low back pain -&#x0D; symptoms have persisted since MVA in lower lumbar spine. NO imaging of lower spine done post MVA. Given neurological symptoms will order MRI.&#x0D; &#x0D; M54.5: Low back pain&#x0D; MRI, LUMBAR SPINE, W/O CONTRAST&#x0D; &#x0D; 6. Solitary nodule of lung&#x0D; R91.1; 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
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	44

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	c/o pain in upper left shoulder, radiates into left arm, &#x0D; symptoms have been ongoing for a while. He has some supraclavicular swelling noted for a few months.&#x0D; &#x0D; also c/o muscle tightness in posterior legs.; This study is being ordered for a neurological disorder.; 10/23/2018; 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
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.; '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	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 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
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	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 NOT performed.; Yes this is a request for a Diagnostic CT	35
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	10
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 abnormal.; The ultrasound showed a pelvic 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 had an endoscopy.; The endoscopy was 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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	8
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	24
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	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 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	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	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest xray last week.; "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	coughing , chest pain, hemoptysis, and a xray was done; 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	In the context of the above, 25-pack-year smoker and quit December 2017. Chest x-ray in June showed no significant abnormalities; normal cardiac silhouette. Says his shortness of breath first started getting worse after his stent was placed in February.; 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	Labs drawn 10/10/2018 showing elevated alkaline phosphate level at 204 and elevated creatinine level at 1.02; This study is being ordered for Inflammatory/ Infectious Disease.; 10/10/2018; There has not been any treatment or conservative therapy.; back pains; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	left side chest and still persist and in pain and its been for awhile pain is at 8 out of 10; 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	lung nodule; nicotine dependence; sob; cough; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being 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	mass of chest wall; "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	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.; 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
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' 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	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
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	8
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 10/29/2018; There has been treatment or conservative therapy.; Abn imaging xray in Vietnam head injury; Blood work CXR; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 pain radiating from her back to her front.; 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	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 not been a physical exam.; 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
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	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 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	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		trama to abdomen; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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		Unexplained weight loss, enlarged liver on physical exam; 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		Unknown; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for a neurological disorder.; 10/2018; There has been treatment or conservative therapy.; headache, mri of the back atrophy and thicken.; 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		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/06/2018; There has been treatment or conservative therapy.; tenderness, vomiting, diarrhea.; 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
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient was scheduled for surgery on March 26, 2018. When they were trying to put tube down throat, they couldn't go any further due to swelling and mass in neck/upper chest.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; march 26, 2018; There has been treatment or conservative therapy.; palpable mass and swelling in neck and upper chest.; patient was scheduled for surgery on March 26, 2018. When they went to put tube down her throat, they couldn't go any further due to palpable mass and swelling in neck that extends down into 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 see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/18; It is not known if there has been any treatment or conservative therapy.; adenopathy with longstanding hypoproteinemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She has had plain films without any explanation. Extreme pain at times. Her other conditions make this a more urgent request due to possible problems.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/15/2018; There has been treatment or conservative therapy.; Diffuse abd pain. Unbearable at times. Plain films were unremarkable. She has PCOS, POTS, Ehlers Danlos syndrome.; Pt has tried medications, had imaging, and rest. Without relief. Her unlying medical conditions make this more of a risk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This study is being requested for 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	Thoracic aortic aneurysm without rupture.; 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	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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
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.; 10/09/2018; There has been treatment or conservative therapy.; upper left 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
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.; 9/15/2015; There has been treatment or conservative therapy.; left upper quad pain , chest pain; chest xray, GI work 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		What she has already provided.; This is a request for an abdomen-pelvis CT combination.; This study is being 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			2
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)		; 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)		abnormal ct & hematuria; 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)		Abnormal CT showing lesions on liver and kidneys; 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

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient had hysterectomy 10 years ago. After CT results a MRI is suggested for further imaging after mass was seen on CT exam.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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 study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 02/20/2018; There has not been any treatment or conservative therapy.; NECK SPASMS NUMBNESS AND TINGLING MEMORY DIFFICULTIES HEADACHES RIDICULAPATHY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	back 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	MVA R/O fx; 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 already had an MRI, is now needing the CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	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; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	bent over heard his back pop; This study is being ordered for trauma or injury.; 12/10/18; There has been treatment or conservative therapy.; severe lower back pain radiating down with burning; medications, steroid dose packs, lidacaine patches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Chronic back pain&#x0D; M54.13: Radiculopathy, cervicothoracic region&#x0D; CT, THORACIC SPINE, W/O CONTRAST&#x0D; CT, CERVICAL SPINE, W/O CONTRAST&#x0D; &#x0D; muscle aches, weakness, and cramps; and arthralgias/joint 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.; muscle aches, weakness, and cramps; and arthralgias/joint pain.; It is not known if there has been any treatment or conservative therapy.; muscle aches, weakness, and cramps; and arthralgias/joint pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1



General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; low back pain ...pelvic pain; home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar 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.; patient initial visit 10/30/2018. she was given pain med and steroids. she is not any better and called stating it was getting worse; There has been treatment or conservative therapy.; pain and radiating down leg - tender left lateral hip pain, low back spasm with pain, hip pain when laying down, low back pain worse when walking; pain medication 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	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	bent over heard his back pop; This study is being ordered for trauma or injury.; 12/10/18; There has been treatment or conservative therapy.; severe lower back pain radiating down with burning; medications, steroid dose packs, lidacaine patches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, 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)		Renal mass was found on the ultrasound incidently . US had been ordered to check out the gallbladder.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-13-2018; There has not been any treatment or conservative therapy.; Pt had abd ultrasound that showed renal mass. Radiology recommened follow up with CT or 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
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 had an abdominal ultrasound, CT, or MR study."; The hematuria is not painful.; gross hematuria	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."; Enter answer here - or Type In Unknown If No Info Given&#x0D; &#x0D; &#x0D; ABD PAIN Hepatic Steatosis Dilated bile Duct.	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."; renal failure labwork, CT showed it and 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.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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 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."; A CT of the abdomen was done on 10/22/18. A lesion was found on the right lobe of the liver and a mass was found on the left adrenal gland. This MRI is to further identify the hepatic lesion and adrenal 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."; Ct in june 2018	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."; Found neoplasm of left kidney on CT. &#x0D; upper abdominal pain, unspecified, this is located primarily in the left upper quadrant. It does not radiate. It began years ago. He characterizes it as muscle cramps, in lower ribs. It is of moderate intensity.	1

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Needing diagnostic imaging to determine what is causing severe pain in patient; This study is being ordered for a neurological disorder.; 05/15/2018; There has been treatment or conservative therapy.; severe pain in upper and lower back. Numbness and pain to Upper and Lower extremities; Patient has had surgery, as well as medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Ongoing pain in both hips ,radiating to BLE and worse on the rt.&#x0D; Pain radiating down rt leg , hx of rt hip/thigh surgery after trauma few yrs ago .&#x0D; Steroid shot has helped for 2months but pain being severe again . Affecting ability to ambulate and funct; 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	possible cancer abnormal xray; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Pt was in a MVA previously and complains of back pain that is non-radiating, severe, dull, and aching.; 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 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
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 that has been a problem in the past, known stenosis but seems to be worsening and cannot turn her neck to the right side without pain, tx with weekly massage and loosened some but then the limited ROM will continue&#x0D; TX above with muscle relaxe; This is a request for 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.; - neck pain that has been a problem in the past, known stenosis but seems to be worsening and cannot turn her neck to the right side without pain, tx with weekly massage and loosened some but then the limited ROM will continue&#x0D; TX above with muscle relaxe	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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This is a request for 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.; There is weakness in the 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	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.;" hemangioma/liver mass protocol to evaluate 2.5 cm hypoattenuating mass with central blood pooling of right hepatic lobe, which is suspicious for hemangioma 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.;" None	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 TO CLINIC WITH RUQ PAIN. CT ABD/PELVIS WAS OBTAINED AND A LIVER MASS WAS SHOWN. THE RADIOLOGIST RECOMMENDED A MRI OF THE ABDOMIN FOR FURTHER INVESTIGATION.	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.;" Per CT report &#x0D; Small heterogeneous lesion associated with the lateral cortex of the right&#x0D; kidney measuring 1.0 x 0.9 cm is incompletely assessed on this exam but is&#x0D; suspicious for possible malignancy. Consider dedicated CT or MRI of the abdomen&#x0D; with 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.;" PT SXS HAVE WORSENEDEPSTE TREATMENT.	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 found ill defined low attenuation lesion on liver and recommends 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.; "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 radiologist saw hypodensity in the liver on CT. The radiologist is who recommends further work up via MRI to be complete.	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 not had an abdominal ultrasound, CT, or MR study."; Another specialist has request MRI for evaluate of a previous removal of multiple lipomas.	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."; Markedly elevated liver enzymes with elevated ferritin.	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."; On 9/13/18 patient reports abnormal weight loss. Patient has history of abnormal liver enzymes; 9/13/18 AST 77 and ALT 101, 12/12/18 AST 31 and ALT 79. On 12/17/18 patient had liver ultrasound with results 5.2 x 2.3 x 2.9 cm solid echogenic mass seen in t	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 has been complaining of severe left side pain. Patient had an ultrasound and Ct done and it shows 2 small masses measuring approximately 6 mm abd 7 mm within the mid and inferior pole of the left kidney respectively.	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.	2
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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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.; Enter answer here - or Type In Unknown If No Info Given&#x0D; . MRI abdomen with and without contrast &#x0D; On 9/11/17 we did CTA abdomen/renal which noted an adrenal gland lesion that was recommended to further evaluate with MRI.&#x0D; swollen tender node right axilla	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		ultrasound done 12/12/18 shows hepatic steatosis and multiple gallbladder polyps with the largest one measuring greater than 5mm in size; This study is 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--approx. 11/28/2018; There has not been any treatment or conservative therapy.; This is a new problem. Episode onset: 2 weeks. The problem occurs constantly. The problem has been gradually worsening. Associated symptoms include abdominal pain. Pertinent negatives include no nausea or vomiting.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	3

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 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.; This 54 year old female presents for abnl ekg, chest pain, hypertension, hyperlipidemia and diabetes.&#x0D; Ms Holdaway is a 54 yr old female who presents for new patient evaluation. History of diabetes, hypertension, and hyperlipidemia. Reports "twinges" of ; 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)		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.; 01. Essential hypertension&#x0D; 02. Other chest pain&#x0D; 03. Palpitations&#x0D; 1. chest pain. worrisome for angina. GXT August 2018 was low risk for ischemia. &#x0D; 2. Hypertension. Well controlled.&#x0D; Plan:&#x0D; Will check cbc, bmp today. Schedule CTA coronaries for further ; No, there is no 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)		There is no "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; No, there is no Chronic Chest Pain.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	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.; No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.; Encephalopathy	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.; Patient has chest pain, her echo reveals ST changes were noted, and diastolic dysfunction.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; 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
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.; 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.; 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		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.	1
General/Family Practice	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		has mass lesion had a mammogram recamanded breast 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		Large Mass is mammographically occult. Ultrasound appears to show more than what is palpated. Due to this discrepancy I have ordered a breast MRI to help get a better idea of what we would need to do; 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		Per radiologist, patient has greater than 20% risk for developing breast cancer and has recommended annual screening breast MRI for this high risk patient. Last mammogram done in June 2018 with stable asymmetries and calcifications 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	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		PT HAS A CALCULATED LIFETIME RISK OF 24.2%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased 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 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.	6
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in arms, into fingers.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; scoliosis; It is not known if there has been any treatment or conservative therapy.; scoliosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; mbr pain in back and 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; 1; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; Xrays, meds, 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/2018; There has not been any treatment or conservative therapy.; Severe headaches 3 times a day, vomiting, nausea while active, ringing in hearing, stiff neck, confirmed concussion with MRI test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/18; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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 unknown; 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			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 had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has been on steroid therapy for more than 3 months.	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)			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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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)		CP w/u to include NM stress test. Pt unable to walk TM due to DVT leg pain and SOB; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
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)		Multiple risk factors for CAD, family history is unknown, left anterior fascicular block, hypertension, hyperlipidemia, and palpitations; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 07/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ANTI MEDS, 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	. Musculoskeletal: Positive for extremity weakness and neck pain. &#x0D; Neurological: Positive for weakness (right arm can't hold much weight); This is a request for 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.; Complaint of Neck Pain (burning and pain from left side of neck and shoulder); Shoulder Pain; and Extremity Weakness (right 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
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.	8
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.; 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	; This is a request for 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 comes in with neck pain radiating through the right shoulder to the right 3rd-5th fingers. She is dropping things at work. She has problems with the neck and shoulders for several months pain has progressed over the last month She Continues to have neur; The patient 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.; There is weakness.; weakness in grip limited range of motion pain more severe; The patient 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 directed 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.; Increased neck pain; Aspirin 325&#x0D; Gabapentin 100 mg	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 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
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.; bilateral arm weakness, left greater than right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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.; 06/2018; There has been treatment or conservative therapy.; muscle weakness of right extremity, neck/shoulder pain; physical therapy, cervical 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
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.; 10/05/2018; There has been treatment or conservative therapy.; Neck pain. Low 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
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.; 2017; There has been treatment or conservative therapy.; 10mm pulmonary nodule&#x0D; cervical spine pain&#x0D; lumbar spine pain; Naproxen, Tylenol, 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	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.; 01/08/2018; There has been treatment or conservative therapy.; left shoulder pain &#x0D; neck pain; nsaid, ice/heat, home remedies, physical therapy, norco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 09/24/2018; There has not been any treatment or conservative therapy.; Neck Pain & Swelling, Shoulder 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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; 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)		Patien; has been having chest pain unrelated to Exertion.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.	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 chest pain associated with shortness of breath, dizzy spells and near syncope. Abnormal EKG.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient 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)		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 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.	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.	9
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal nerve conduction study was done on 11/1/2018; This study is being ordered for a neurological disorder.; 8/5/2018; There has been treatment or conservative therapy.; leg pain, numbness; steroid shot, 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	Aggravating factors: sitting or standing for prolonged periods ; moving neck causes shooting pain down left arm&#x0D; Relieving factors: none &#x0D; Associated signs and sx: pain radiates to left arm and shoulder &#x0D; Treatments tried: activity modification, physical ; This is a request for 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	Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp; tingling; stiffness&#x0D; Severity: worsening&#x0D; Duration: chronic (intermittent) &#x0D; Onset/Timing: recurrent episode &#x0D; Conte; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APRIL2018&#x0D; &#x0D; Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp; tingling; stiffness&#x0D; Severity: worsening&#x0D; Duration: chronic (intermittent) &#x0D; Onset/Timing: recurrent ep; There has been treatment or conservative therapy.; Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp; tingling; stiffness&#x0D; Severity: worsening&#x0D; Duration: chronic (intermittent) &#x0D; Conte; HE WAS ASKED TO WEAR BACK BRACE AND HE WAS GIVEN RX FOR MEDS TO HELP WITH THIS 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	Cervical disc disorder with radiculopathy, unspecified cervical region; This is a request for 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 disc disorder with radiculopathy, unspecified cervical region; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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 pain. has gotten worse over time.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Upper extremity; The patient 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	Degenerative disk disease. Need MRI to evaluate the cause of pain. 2 prior x-rays completed that were abnormal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2003; There has been treatment or conservative therapy.; Pain in the back and neck regions; PT x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	Had this study done over a year ago. In order for referring doctor to see her these studies need to be performed again.; This study is 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 20, 2017; There has been treatment or conservative therapy.; Pain rating of 8 to 9 on neck and 8 to 9 on back, and constant pain.; Patient has been put on medication, it's not helping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	Head on collision with another vehicle. Neck pain and limb pain with paresthesia; 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.; Positive for back pain and limb pain. &#x0D; &#x0D; NEUROLOGICAL: Positive for paresthesias.; The patient 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	hes is seeing pain management that is telling DO they need mri's; There is a particular clinical reason why the exam is being performed at this facility.; closet to the patient; 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 neck pain with changing neurological s/s of BUE weakness, numbness and tingling; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness with grip strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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.; NECK PAIN	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; 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
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.; 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; 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.; increased pain in neck causes headache, pt had an injection in neck over a year ago, tenderness in cervical spine	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 BACK PAIN RADIATING DOWN RIGH LEG. ABNORMAL XRAYS.; 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	Neck and shoulder pain for over a month. Normal X-ray and CT. Previous neck injury; 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	Neck pain is just as bad as it was prior to previous surgery. neck is hurting all the time and he is having trouble sleeping. both arms are falling asleep especially at night. hasn't noticed any difference in weakness in arms otherwise because he never fu; This is a request for 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; 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
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.; 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
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.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a 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)		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.	13
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 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);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a week ago October 1st 2018; There has not been any treatment or conservative therapy.; pain is deep going down left arm includes flowing no injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 fell and has had neck pain and back pain since fall. X-ray shows no abnormalities, but patient is still having pain. States she has tried alternating ice/heat with no effectiveness; has tried otc pain medications with no effectiveness; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has bilateral neck point tenderness. Low back pain with paralumbar spasms. Painful ROM with neck movement.; This study is being ordered for trauma or injury.; May 15,2018 was having surgery June 6,2018. Then seen in office on 8/27/20148, 10/24/2018, and 11/14/2018; There has been treatment or conservative therapy.; Pain in stiffness in neck, numbness to UE and LE bilaterally, Back spasms, limited ROM, unable to stand., Patient has had cervical fusion, physical therapy. Worn back braces, been on pain medications, and received injections with no improvement. Symptoms are worsening. Patient can hardly stand, very unstable and in obvious amounts of 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	Patient has chronic, worsening pain with neurological symptoms that are not resolved with conservative therapy and xrays indicated abnormal spine.; This study is being ordered for trauma or injury.; A few years ago - MVA.; There has been treatment or conservative therapy.; Neck pain, mid and low back pain with numbness in his hands and feet. Xrays showed scoliosis in the T & L spines and narrowing of thoracic intervertebral spaces.; Patient has had physical therapy, which worsened pain and treatment with NSAIDS, which did not resolve pain. He also saw a chiropractor for adjustments, which did not resolve symptoms. His symptoms are worsening. He now has 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
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.	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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient has known diabetes	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)	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; 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
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 is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being ordered for subsequent treatment.; 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.; It is unknown if the patient has been diagnosed with small cell or non small cell lung 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
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 done physical therapy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness, tingling down both arm, abnormal cervical spine xray.; The patient 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 migraines and back pain. She has an old neck fracture that showed up on c-spine x-ray. She has had multiple mva's from the past; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has 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	Patient is here today with complaints of continued neck pain after being seen in the ER with a negative x-ray for fracture. Patient states that the pain is constant and is keeping her from sleeping.; 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	Patient is not responding to conservative treatment and pain is not getting any better. Pain and headaches are interfering with daily life.; This study is being ordered for a neurological disorder.; Patient has neck pain that started over 6 weeks ago and starts in her neck and down into her back and radiates to her head causing headaches. Patient has been to chiropractor, using NSAIDs, and pain medicines to help with pain with no relief. Patient ha; There has been treatment or conservative therapy.; Pain in neck and back on flexion and extension. Pain starts in upper back and radiates up into her neck and causes severe headaches.; Patient was referred to PT in August for pain with no relief. Patient has used NSAIDs during this time and has been to chiropractor with no relief. Patient has also used pain medicine that has not helped.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 status post Lumbar laminectomy 11/2017; This study is being ordered for a neurological disorder.; July 2018; There has been treatment or conservative therapy.; Shocking pain in neck and shoulder that radiates down her back; Ibuprofen 600 mg, Neurontin 600 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient's cervical pain and abnormal reflux worsening since 09/24/2018 despite treatment with steroids, NSAIDs. MRI C-Spine strongly 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 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 range of motion to bilateral upper extremities.	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 another reason; The reason for ordering this study is unknown.	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 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
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.	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 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 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
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 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Postlaminectomy syndrome, not elsewhere classified; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Postlaminectomy syndrome, not elsewhere classified; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has tried conservative treatment for many months with no improvement. Pt has history of endochondroma of the tibia; This study is 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 been treatment or conservative therapy.; ; Pt has tried physical therapy, exercise, 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
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 uses conservative tx - muscle relaxants, NAIDS, ice/heat with no relief&#x0D; &#x0D; burning pain from neck to right shoulder; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	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 reports bilateral hands with numbness and weakness, Pt reports bilateral hand weakness causing dropping of cups. Pt reports has tried ibuprofen, tylenol bengay, pain medication and physical therapy for over six weeks with no effectiveness. &#x0D; &#x0D; Reports s/; 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 reports bilateral hands with numbness and weakness. Pt reports bilateral hand weakness causing dropping of cups. Pt reports has tried ibuprofen, tylenol bengay, pain medication and physical therapy for over six weeks with no effectiveness. &#x0D; &#x0D; Reports s/; The patient 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	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.; 5/22/2018; There has been treatment or conservative therapy.; back pain, cervical radiculopathy, kyphosis; medication; 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
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 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
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.; The patient has suspected prolapsed mitral valve.	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.	5
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.	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; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	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.	9
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		will provide clinicals; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
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 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.	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	serve neck pain; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has 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	Tenderness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness found on th rt arm and shoulder area with limited ROM; The patient 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	The patient has been complaining of increasing pain for several months. She was recently seen in the Emergency Room for this as well. MRI's were recommended. She has been treated with Diclofenac and Gabapentin, but the pain is not resolving.; This study is 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 been treatment or conservative therapy.; Radicular right arm pain, cervicalgia, lumbar pain, bilateral leg weakness; Anti-inflammatory 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	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; 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.;	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	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient has worsening left shoulder pain with cervical radiculopathy/numbness. She has known bulging disc at C5-6 from MRI from 2015. She had injection therapy in the past that didn't help for very long. This more or less settled down for a while though,	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.; No, the patient did not have six weeks of Chiropractic care related to this episode. &lt;Enter Additional Clinical Information&gt;	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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; will attach clinicals	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 is pain at base of skull/neck. She has done physical therapy, pain is radiating with headaches as well; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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
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 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 completed 6 weeks or more of Chiropractic care.	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.	10
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; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

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; Numbness steroids pain radiating to shoulder; 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; Neurological deficits; xray showed loss of cervical spine curvature, arthritic changes, patient has cervical radiculopathy; 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&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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; 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
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; 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
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.; pt had seizure and hit head when falling. has had headaches and neck pain since.	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.; PT HAS HAD PX WITH NO RELIEF FOR 2 TO 4 WEEKS. IT IS PROBABLY A PINCHED NERVE	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.; CT done before	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.; Getting worse, more pain, R side mostly, runs down arm to wrist, deep ache.&#x0D; Xray shows DDD.	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.; MVA neck pain x 1 week rx medication	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.; Pt has compression fracture. new c-5	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.; pt has neck pain for months. Rheumatologist recommended MRI. Unable to do 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 not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	2
General/Family Practice	Disapproval	72141 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.;; Neck And Back Pain - Vertigo	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.;; Pain worse with movement and stretching	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 reports he has swelling in his neck that he is concerned about.&#x0D; &#x0D; He was having the pain in the back of his neck and the back of his head. He has been having pain there, as well as in his upper shoulders and neck. He still has his right-sided fac	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.;; PT SEEN 9/24/18 WITH NECK PAIN, HEADACHE, RADICULOPATHY, PARESTHESIA. DID C-SPINE XRAY THAT SHOWED SEVERE SPONDYLOSIS FROM C4-C7.	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.;; 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; Trauma or recent injury; injury to top of head and now neck in hurting. patient was hit in the head by a hammer; 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	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or 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	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.; Tenderness and weakness going down shoulders.; The patient 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	unknown; This study is being ordered for a neurological disorder.; 6/2018; There has been treatment or conservative therapy.; pain radiating to legs that's sharp interferes with work sleep and work, neck pain is sharp and tingling radiating to shoulder with numbness that interferes with work and sleep.; medication and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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.; 9/20/18; There has been treatment or conservative therapy.; pain in neck that radiates to left shoulder, left shoulder pain; steroid injections, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; unknown; There has not been any treatment or conservative therapy.; lumbar and cervical tenderness, pain that radiates, hydrocodone is not helping anymore; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/18; There has been treatment or conservative therapy.; neck/back pain that radiates to lower and upper extremities, numbness in fingers and hands; medications, muscle relaxers 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
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 TO LEFT HAND; This is a request for 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 TO 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	WEAKNESS; This study is being ordered for a neurological disorder.; 06/01/2017; There has been treatment or conservative therapy.; PAIN RADIATES TO LEG AND ARMS NUMBNESS; 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	x-rays neg, no relief from OTC pain meds or stretching/HEP; This study is being ordered for trauma or injury.; 7/13/2018; There has been treatment or conservative therapy.; consistent pain in neck and lower back since rollover MVA 7/13/18; Tylenol/Ibuprofen/Aleve, stretches 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	years of thoracic back pain with increased bilateral hand numbness and tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt states symptoms have been going on for several years and getting progressively worse.; There has been treatment or conservative therapy.; Thoracic back pain with bilateral hand numbness and tingling; Pt has had 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	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.	6
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.	67
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Unknown.; 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		unknown; 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
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 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	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)		Unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/07/2018; There has been treatment or conservative therapy.; weight loss bilateral ab pain palpitations, shortness of breath -tremors -bloating and cramping. Blind spots dizziness confusion.; paroxetine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-4 weeks ago; 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1. Chronic recurrent sinusitis&#x0D; &#x0D; 2. Dizziness of unknown cause; 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	accumulation of fluid where head hurts; 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	AFTER 4 MONTHS PATIENT IS NO BETTER AND THE HEADACHES ARE CONSTANT; This study is being ordered for trauma or injury.; JULY 2018 PATIENT WAS INVOLVED IN AN MVA - HAS BEEN HAVING HEADACHES WITH CERVICAL PAIN SINCE. NOTHING IS HELPING PATIENT.; There has been treatment or conservative therapy.; CERVICAL PAIN AND SPASM, HEADACHE. TENDER MUSCLE BIATERAL SIDES OF NECK; PATIENT HAS DONE EXERCISES AND STRETCHES AT HOME ALONG WITH MUSCLE RELAXERS, 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	CHRONIC MIGRAINES; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	had case of syncope this week; history of syncope; severe headache;; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	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.;" ACUTE MIDLINE LOW BACK PAIN WITH SCIATICA,SCIATICA LATERALLY,CHOOTIN,SHOCKING PAIN FROM L5 TO MID THORACIC HEAT,ICE,IBUPROFEN,&#x0D; Duration of Symptoms: 2 weeks Start: 2 weeks&#x0D; Physical Exam Findings: acute midline to low back pain with sciatica&#x0D; Preliminary	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.;" inj 2 months ago lifting logs pain getting worse meds and therapy not helping	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 8/10/2018; There has been treatment or conservative therapy.; mbr has pain and no use of left arm weakness in L leg; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2018; There has been treatment or conservative therapy.; Pain in both legs left side worse than right, recent fall, left leg pain from hip to ankle, lower back pain.; Medication, had an xray, 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/3/2018; There has not been any treatment or conservative therapy.; motorcycle accident; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, tenderness.; physical therapy and medication 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/30/2018; There has been treatment or conservative therapy.; unk; unk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11-15-18; There has been treatment or conservative therapy.; BACK PAIN RADIATING TO RIGHT LEG; 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	; 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 NOT had back pain for over 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	; This study is 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.; cervical spine pain, cervical radiculopathy.; She has tried and failed conservative therapy of NSAIDs, opiates, muscle relaxers, and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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.; Midback pain midline is worse with movement. worsens with bending and back stiffness; Recent 6 weeks of physical therapy, NSAIDs 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
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.; ; 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	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.; 07/20/2018; There has been treatment or conservative therapy.; radiating pain; home exercise, otc meds, icy hot, 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp; tingling; stiffness&#x0D; Severity: worsening&#x0D; Duration: chronic (intermittent) &#x0D; Onset/Timing: recurrent episode &#x0D; Conte; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APRIL2018&#x0D; &#x0D; Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp; tingling; stiffness&#x0D; Severity: worsening&#x0D; Duration: chronic (intermittent) &#x0D; Onset/Timing: recurrent ep; There has been treatment or conservative therapy.; Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; thoracic; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp; tingling; stiffness&#x0D; Severity: worsening&#x0D; Duration: chronic (intermittent) &#x0D; Onset/Timing: recurrent episode &#x0D; Conte; HE WAS ASKED TO WEAR BACK BRACE AND HE WAS GIVEN RX FOR MEDS TO HELP WITH THIS 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	c/o muscle pain and spasms in left shoulder, and numbness radiating down into arm and hand. no injury reported. pt stated he played golf 9/10 and refereed football 9/11, woke up next morning with severe pain and spasms&#x0D; Trigger Point Injection_FP:&#x0D; &#x0D; 09/1; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; NECK AND THORACIC PAIN WITH RADICULOPATHY, ARM SHOULDER AND HAND NUMBNESS; TRIGGER POINT INJECTIONS X4&#x0D; AND HYDROCODONE WITH ACTEMENPHINE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	cervical discectomy 2 years ago; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; neck, arm and shoulder pain with numbness; anti inflammatory, 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	CT performed in the ED revealed canal stenosis of thoracic spine and MRI was recommended. She denies any neck pain, but does report extensive back history in which she is to see neurosurgery for.; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	CT showed Spinal stenosis at T11-T12 with MRI to further evaluate; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-19-18; There has not been any treatment or conservative therapy.; The pain radiates to the abdomen. She characterizes it as constant, dull, and aching. This is an acute episode with no prior history of back pain. She states that the current episode of pain started 3 days ago. This occurred at home. She denies any 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Degeneration of Lumbar intervertebral disc, spondylosis of thoracic region osteoarthritis of lumbar spine, painless hematuria; This study is being ordered for a neurological disorder.; 7-16-2018; There has been treatment or conservative therapy.; OA L spine and DDD L Spine symptoms are worse with sitting bending stooping and squatting he has increased pain in his mid back. Numbness and sleep disturbance He exhibits decreased range of motion decreased flexion and extension Negative SLR tenderness; Robaxin 500 mg 3 times daily as needed, Tramadol 50 mg 3 times daily as needed and Norco 5/325 mg twice daily as needed. he has known OA L spine and DDD L Spine recommended proper back hygiene lifting and rest no excessive lifting pushing or pulling may; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	fax in clinical information; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	flank pain costovertebral pain; This study is being ordered for a neurological disorder.; 8/27/2018; There has not been any treatment or conservative therapy.; back pain&#x0D; mod to severe.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	It is not known if the patient has any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Patient has severe mid t-pain with radiating to right shoulder.	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.;	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.; Pain between shoulders x 1 month. Xrays negative per chiropractor.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	NA; 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	Patient is a 22-year-old female.&#x0D; &#x0D; Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD.&#x0D; &#x0D; Psychiatric: Mental Status: normal mood and affect and active and alert. Orientation: to time, place.; This study is being ordered for trauma or injury.; 11/03/18; There has been treatment or conservative therapy.; HEADACHE AND NECK PAIN; 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent dizziness, tinnitus, sinusitis. Conservative measures and treatments have failed; 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	pt has slowed down in her activity, forgetfulness, forgetting where she's leaving things, pt left her husband in a store, change of attitude and disposition, more nervous than usual; 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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	report double vision with color changes. unable to rotate head to right w/ pain past 30 degree, pain with passive ROM in shoulder and neck; This study is being ordered for trauma or injury.; about 2.5 weeks ago `11/25/2018; There has not been any treatment or conservative therapy.; tingling and numbness in right arm when he turns his head to the right, pain in neck, all after being hit in face 2.5 weeks 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
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	the worst headache of patients life; 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	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	58
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.	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	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.; 09/11/2018; There has been treatment or conservative therapy.; Tenderness pain limited ROM; Chiropractic care NSAIDS 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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.; 11/05/2018; There has been treatment or conservative therapy.; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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.; upper and lower back pain; There has not been any treatment or conservative therapy.; upper 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and radiating pain neuropathy radicular pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has been treatment or conservative therapy.; LBP neck pain injections; PT pain mngmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 had a chest x-ray and incidentally showed a mild wedge compression fracture to the lower T8,9, trace compression fracture to the T9,10 or T10, 11.; 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.; Range of motion exercises at home, and Naproxen 500 and Tizanidine 4mg for 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	Patient has been having mid and lower back pain for over 3 months. Patient has tried physical therapy with no relief. ROM instructions were also provided for the patient from the provider. Patient also taking medication for pain such as Naproxen and Cyclo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/25/2018; There has been treatment or conservative therapy.; Mid and Low back pain lasting over 3 months. Rating pain at a 7-8 on a scale of 0-10.; Patient went to physical therapy. Also had at home ROM exercises such as Rest. Gentle ROM and stretch several times daily. For the first 1-2 days alternate ice and heat, using barrier method for icing with 10 min on and 60 or more off. Heat to back severa; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 has history of dirtbike accident with lumbar and thoracic injury and the xray shows t12 wedge and disc space narrowing at l4-5; 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	Patient is a 38-year-old female who comes in today for a follow-up regarding an MVA she had about 2 weeks ago. She said approximately 6-7 days after the accident she started to have numbness in her index and middle finger on the right. She says that occas; This study is being ordered for trauma or injury.; Patient is a 38-year-old female who comes in today for a follow-up regarding an MVA she had about 2 weeks ago. She said approximately 6-7 days after the accident she started to have numbness in her index and middle finger on the right. She says that occas; There has been treatment or conservative therapy.; Patient is a 38-year-old female who comes in today for a follow-up regarding an MVA she had about 2 weeks ago. She said approximately 6-7 days after the accident she started to have numbness in her index and middle finger on the right. She says that occas; antinflammatory which are not helping she has had numbness on both side of the body. she has had headaches, has been given valium with does not help at all; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 is status post Lumbar laminectomy 11/2017; This study is being ordered for a neurological disorder.; July 2018; There has been treatment or conservative therapy.; Shocking pain in neck and shoulder that radiates down her back; Ibuprofen 600 mg, Neurontin 600 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Postlaminectomy syndrome, not elsewhere classified; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown if No Info Given &gt;; There has been treatment or conservative therapy.; Postlaminectomy syndrome, not elsewhere classified; 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	radiating pain from neck to waist, has cyatic issues; This study is being ordered for trauma or injury.; 10/13/2018; There has been treatment or conservative therapy.; lower back pain, pain when coughing or urination. unable to lay on back; patient given toradol tablets and methocarbamol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	stiffness, numbness in bilateral legs, radiculopathy in bilateral legs; 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.; bilateral 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 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	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.; R sided radiculopathy and LBP and having shooting pain in the thoracic under the shoulder blades.&#x0D; &#x0D; &#x0D; he did PT few years ago for back pain a couple years ago. He has seen chiropractor and had trigger point injections.&#x0D; &#x0D; &#x0D; He had a Lumbar x-ray and it s; 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.	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 asymmetric reflexes.	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 radiculopathy documented on EMG or nerve conduction study.	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.; unknown; 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 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.;	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.; 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	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.	16
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.	6
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.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This patient has had constant pain for past few months. Taking medications such as pain relievers and inflammatory medications do not seem to relieve the 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	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.; 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	unknown; This study is being ordered for trauma or injury.; 10/5/18; It is not known if there has been any treatment or conservative therapy.; headache and dizziness, lost conscious and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Will FAX; 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	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 Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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 (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 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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	1. Chronic recurrent sinusitis&#x0D; &#x0D; 2. Dizziness of unknown cause; 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	AMOXICILLIN ALSO GIVEN; FACIAL PAIN AND SWELLING; LEFT JAW PAIN AND BEHIND LEFT EAR, INFECTED TOOTH, BUT NO TOOTH PAIN, SINUS DRAINAGE, SORE THROAT AND COUGH, CONGESTION, ALLERGIES; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); 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	Persistent dizziness, tinnitus, sinusitis. Conservative measures and treatments have failed; 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 post-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 (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
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 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.;	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.; 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 had CT of the chest in the hospital and a fracture was seen.	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.	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	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.; The 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	Unknown; This study is being ordered for a neurological disorder.; 9/12/18; There has been treatment or conservative therapy.; Sharp pain, numbness of legs and feet; 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	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.; Oct. 2018; It is not known if there has been any treatment or conservative therapy.; back pain, bowel/bladder 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

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	years of thoracic back pain with increased bilateral hand numbness and tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt states symptoms have been going on for several years and getting progressively worse.; There has been treatment or conservative therapy.; Thoracic back pain with bilateral hand numbness and tingling; Pt has had 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; &lt;Document exam findings&gt;	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain on motion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in both legs; The patient does not have new signs or symptoms of 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; all exercises for 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; The patient does not have new signs or symptoms of 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Shooting pain in lower back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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 unknown.; 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	8
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 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	3
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 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
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 described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	13
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 described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	13
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	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	2

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/9/2018; There has not been any treatment or conservative therapy.; Moderate 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
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	patient is needing a soft tissue ct of the neck for acute pharyngitis; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	patient was scheduled for surgery on March 26, 2018. When they were trying to put tube down throat, they couldn't go any further due to swelling and mass in neck/upper chest.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; march 26, 2018; There has been treatment or conservative therapy.; palpable mass and swelling in neck and upper chest.; patient was scheduled for surgery on March 26, 2018. When they went to put tube down her throat, they couldn't go any further due to palpable mass and swelling in neck that extends down into 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
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had some "eruptions" in her mouth and went and saw a peridontist and was told it was swollen lymph nodes. Pt is concerned about this. Lymphadenopathy was found upon laryngoscope.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx 1 month ago; There has not been any treatment or conservative therapy.; Pt had some "eruptions" in her mouth and went and saw a peridontist and was told it was swollen lymph nodes. Pt is concerned about this. Lymphadenopathy was found upon laryngoscope.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 pain radiates from low back to legs w/numbness & tingling, right lumbar area is tender to palpations.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; left leg and arm weakness unable to have full range in motion and as numbness in the 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/15/2018; There has been treatment or conservative therapy.; low back pain extending from right butt cheek into leg; Coradol shot, Steroid shot naproxen, chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 8/10/2018; There has been treatment or conservative therapy.; mbr has pain and no use of left arm weakness in L leg; 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	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 suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; 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 patient has had constant pain for past few months. Taking medications such as pain relievers and inflammatory medications do not seem to relieve the 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	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	trying to rule out 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	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2018; There has not been any treatment or conservative therapy.; severe headache described as thunderclap makes her vomit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/17; There has been treatment or conservative therapy.; dizzy, headaches, vomiting,TIA; 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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient has a nodule on left jaw; This study is being ordered for a neurological disorder.; patient has had four seizures in one month; There has not been any treatment or conservative therapy.; patient has had four seizures in one month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Patient reports cough , wheezing, and shortness of breath but reports no coughing up blood. She reports muscle aches and arthralgias/joint pain. She reports weakness and dizziness but reports no loss of consciousness, no numbness, no seizures, and no head; This study is being ordered for Vascular Disease.; 2011; There has been treatment or conservative therapy.; HEART MURMUR&#x0D; POSSIBLE STROKE; STENTS PUT IN 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
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.	2
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	headache for 2 weeks with no relief, neck pain; This study is being ordered for a neurological disorder.; 12/4/2018; There has been treatment or conservative therapy.; headache that feels different from other headaches in the past and no relief of pain with medications; has tried several OTC and prescription medications for headache 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Imaging is required to determine the cause of the swelling and pain due to symptoms not getting better with medications.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/31/2018; There has been treatment or conservative therapy.; Swelling to eye and surrounding tissue and severe pain; Patient is on antibiotics 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	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	Pt has been having tingling and numbness in her (R) hand and excruciating pain in her (R) shoulder. Nerve conduction studies were performed with the before mentioned results.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	severe neck pain&#x0D; neck swollen; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Swelling neck &#x0D; She states the symptoms are acute and have worsened. She has some swelling left neck anterior.; 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	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 a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; headache, pain in frontal area, neck pain, vision changes, neck stiffness pin in left arm, paresthasia, upper extremity weakness; physical therapy, medications, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2018; There has been treatment or conservative therapy.; Pain in both legs left side worse than right, recent fall, left leg pain from hip to ankle, lower back pain.; Medication, had an xray, 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2018; There has not been any treatment or conservative therapy.; pain, cramping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; pain and numbness and tingling in legs and thighs.; pt and antiinflammatory.....; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; pain in middle and lower back, achy, burning.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/25/2018; There has been treatment or conservative therapy.; Mbr has pain and numbness of right side hip, etc; injection, medication and PT and chiro 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has been treatment or conservative therapy.; nystagmus headaches and eye pressure vision changes; over the counter 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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 12/2017; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	also having vision changes and 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.; 9/30/2018; There has been treatment or conservative therapy.; Dizziness, nausea, phonophobia, photophobia and vomiting; Medrol dose pack, headache came back worse. Also Indomethicin and Topomax. Staydol nasal spray as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT HAD A MRI LAST WEEK WITH NONSPECIFIC CHANGES, PT IS HAVING MORE FREQUENT HEADACHES; 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	70547 Magnetic resonance angiography, 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.; unknown; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/24/2018; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, tenderness.; physical therapy and medication 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury; 11-15-18; There has been treatment or conservative therapy.; BACK PAIN RADIATING TO RIGHT LEG; 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	. Courtney Pascale is a 30 y.o. female who presents with back pain that has been present for one day. She was working at the daycare she is employed with and was sitting with a child. She states the child threw himself backwards towards her and hit her.; 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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	13
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 discomfort is most prominent in the mid lumbar spine. She characterizes it as sharp. Patient has seen a chiropractor for low back pain but never received a diagnosis. Pt was given Ibuprofen and received a injection; 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 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; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; MOBIC, FLEXERIL, ULTRACET, PREDNISONE	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 occured 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 9/28/2018; There has not been any treatment or conservative therapy.; double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 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	; 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
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.	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	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Can not stand at all. Frequent leaning due to weakness and pain. Requested roller walker due to the abnormality of gait.; 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.; 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	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.; There is weakness.; patient having to walk bent over patient's family having to help her get up from bed or sitting severe pain 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
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.; There is weakness.; RADICULOPATHY DOWN BOTH LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/2018; There has not been any treatment or conservative therapy.; Severe headaches 3 times a day, vomiting, nausea while active, ringing in hearing, stiff neck, confirmed concussion with MRI test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	; 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	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
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.	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 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/30/2016; There has been treatment or conservative therapy.; Chronic back pain and worsening headaches; 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; chronic headaches with extensive pain behind the eyes; There has been treatment or conservative therapy.; headaches, &#x0D; pain behind eyes; patient has been taking otc medication to help with headaches with no 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
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.; 04/2017; There has been treatment or conservative therapy.; ; MELOXICAM X 2 MONTHS&#x0D; PT FOR 6 MONTHS &#x0D; &#x0D; OTC DEVICE TO STIMULATE PAINFUL AREA AT BEDTIME &#x0D; &#x0D; FLEXERIL&#x0D; PREDNISONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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.; ; PT/HOME EXERCISE/CORTISONE INJECTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 09/30/2016; There has been treatment or conservative therapy.; Chronic back pain and worsening headaches; 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.; 10+ years; There has been treatment or conservative therapy.; Midback pain midline is worse with movement. worsens with bending and back stiffness; Recent 6 weeks of physical therapy, NSAIDs 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
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.; 11/6/18; There has been treatment or conservative therapy.; R SHOULDER PX W/BL HANDS PX AT NIGHT WORSE. LBP WITH LEG PX AND NUMBNESS AND TINGLING W DECREASE STRENGTH. ALSO THIGH PX; PT HAS BEEN IN PHYSICAL THERAPY AND TAKING MOBIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 8/27/18; There has been treatment or conservative therapy.; LUMBAGO WITH L SIDED RADICULOPHTY, ACUTE BACK PAIN, L HIP PAIN; injection, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	c/o daily headache with sharp stabbing pain behind right eye. has been seen my optometry with no findings to explain headache. also c/o increasing memory loss and weakness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring 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	Chronic headache for 2 years and not getting any better; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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	Cluster 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness memory loss 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 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	frequent migraines past 6 month, constant headache past 3 days; This 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	frontal/temporal headache, intermittent/persistent, throbbing, piercing/stabbing. nothing relieves the pain; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech 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	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.; ; 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 trauma or injury.; 01/25/2018; There has been treatment or conservative therapy.; lower back pain , &#x0D; painful range of motion&#x0D; decreased range of motion to cervical spine; physical therapy, ns aids, heating pads, ice/heat, prescribed 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	Abnormal MRI in 2017 and patient 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
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 wit pains down left leg and calf has had back injury in distant past but nothing real recent Straight leg raise elicits left sided leg and back pain, toe dorsiflexion does well as heel toe walking is normal. he has no point tenderness in the b; 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&#x0D; Reported by patient.&#x0D; Location: lumbar; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp&#x0D; Severity: worsening&#x0D; Duration: chronic &#x0D; Aggravating Factors: movement/positioning; twisting &#x0D; Associated Symptoms: numbness of ; 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: Thoracolumbar Appearance: normal curvature; bilateral low back tenderness and spm. Full ROM. Left shoulder anterior tenderness.&#x0D; &#x0D; Lumbar Spine: Inspection no kyphosis, scoliosis, lordosis, skin abnormalities, or visible deformity and normal hair pa; This study is being ordered for a neurological disorder.; Context: trauma history yes; car wreck 10 years ago 2008; There has been treatment or conservative therapy.; Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; lumbar; cervical rads to left shoulder &#x0D; Quality: dull; stiffness&#x0D; Severity: worsening; pain level 7/10&#x0D; Duration: chronic &#x0D; Onset/Timing: recurrent episode &#x0D; Context: used medications for back pain; mo; Treatment: PT/OT; NSAIDs; steroids; completed PT about 2-3 weeks 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Being referred to 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Head: Normocephalic. Head is with raccoon's eyes. &#x0D; Nose: Mucosal edema and rhinorrhea present. Right sinus exhibits maxillary sinus tenderness and frontal sinus tenderness. Left sinus exhibits maxillary sinus tenderness and frontal sinus tenderness. &#x0D; Mo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	headaches for 3 years and increasing&#x0D; nausea with vomiting; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MEMORY ISSUES, Her mother had Alzheimer's and she feels like her memory is getting worse. She will leave the house and not remember where she was going. She would like to be referred for bariatric surgery. NEUROPSYCHOLOGY REFERRAL, MILD COGNITIVE IMPAIRME; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Memory Loss , fatigue, unsteady gait.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Neck Pain&#x0D; Reported by patient.&#x0D; Location: left &#x0D; Neurological Complaints: numbness of the arms; weakness of the arms (left upper)&#x0D; Notes:&#x0D; She has had neck pain for years. Her arm numbness is intermittent. This episode started yesterday. The last time sh; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	No clinical information; 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 no recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	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 reoccurring ear infections for three months with three rounds of antibiotics and hearing loss.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis; This is NOT a Medicare member.	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 complains of headaches for at least 2 year history, more severe now and headaches every day lancinating left sided frontal headaches occasionally radiating to the neck.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient had had headaches for 2 months. He has had a CTA that was negative. patient is still having dizziness and vertigo. Patient has been seen twice in ED for this issue.; 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 has an enhanced sense of smell with a headache and first cranial nerve disturbance.; 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 has been having double vision and headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	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 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.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic LBP w/bilat sciatica, positive straight leg raise, bilaterally, limited ROM, bony tenderness and gait 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic Lower 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
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 lower back pain; numbness in both 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.; 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
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 pain, numbness/tingling in extremities; 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	Chronic problem.; The study 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	Continued pain after 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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Degeneration of Lumbar intervertebral disc, spondylosis of thoracic region osteoarthritis of lumbar spine, painless hematuria; This study is being ordered for a neurological disorder.; 7-16-2018; There has been treatment or conservative therapy.; OA L spine and DDD L Spine symptoms are worse with sitting bending stooping and squatting he has increased pain in his mid back. Numbness and sleep disturbance He exhibits decreased range of motion decreased flexion and extension Negative SLR tenderness; Robaxin 500 mg 3 times daily as needed, Tramadol 50 mg 3 times daily as needed and Norco 5/325 mg twice daily as needed. he has known OA L spine and DDD L Spine recommended proper back hygiene lifting and rest no excessive lifting pushing or pulling may; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Degenerative disk disease. Need MRI to evaluate the cause of pain. 2 prior x-rays completed that were abnormal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2003; There has been treatment or conservative therapy.; Pain in the back and neck regions; PT x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	evaluation of bony lumbar fusion status; evaluation for adjacent segment stenosis; 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	facet joint disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	flank pain costovertebral pain; This study is being ordered for a neurological disorder.; 8/27/2018; There has not been any treatment or conservative therapy.; back pain&#x0D; mod to severe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	He has taken medicine and they are not helping. Having a lot of pain down his right leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He is having right lower extremity paresthesia. His pain radiates to the right buttock and right posterior thigh. He has been having weakness in his arms and tendinitis bilaterally.; The patient does not have new signs or symptoms of 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	hes is seeing pain management that is telling DO they need mri's; There is a particular clinical reason why the exam is being performed at this facility.; closet to the patient; 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	hip and back pain, tingling and numbness; 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	history of renal cell carcinoma; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient having disorientation with memory changes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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 having worsening memory loss.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study 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	PT COMPLAINED OF CONSTANT SEVERE HEADACHE AND DIZZINESS. NOT GETTING BETTER WITH MEDICATION. PT HAS HISTORY OF CEREBAL VASCULAR ACCIDENT. PT HAS BLURRED VISION AND RINGING IN THE EARS AT TIMES.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt complains of new chronic daily 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.; 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	Pt complains of upper and lower extremity numbness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Pt has been seen several times for recurring headaches since 08/06/2018, no relief with pain 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.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of cervicalgia with radiculopathy to bilateral UE; chronic back and joint 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	kythotic change at the thoracic lumbar junction with associative degenerative spurring but no acute fracture is seen, degenerative space narrowing, no spondylolistheses, no para spinal mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pain for several years; There has been treatment or conservative therapy.; thoracic spine pain, lumbar spine pain, recent weight loss, diabetic, tenderness in lumbar spine, feels pinching when bends over; home exercise, medications, no relief of pain, previous 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LLE pain r/o radiculopathy - hx recent 6 hour car ride without stop; 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 left hip/thigh stopping at the knee. numbness noted in left lower extremity. describes as sharp, dull, aching, tearing, cramping, burning, and stabbing. initial onset was greater than 2 months. Tender to palpate lumbar spine. pa; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain that seems to be worse in the AM, over the past month has flared, has had back issues in the past and tx with massage/chiropractor but did not offer relief this time; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain today. Is taking Lyrica for pain, some of which she feels is "nerve pain" in her hands, right leg (esp the right one), her feet. but it isn't helping the right leg pain she has many days, which she describes as sharp, but also deep (to the "; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN. LUMBAR SPONDYLOSIS. LUMBAR RADICULOPATHY. STATUS POST LUMBAR 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	Lower back pain pain is going from back to right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1



General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar radiculopathy &#x0D; Lumbar neuropathy &#x0D; weakness right lower extremity; The study requested 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 right lower extremity on exam. Thigh to foot 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	n regard to the low back pain, reason for visit: Pain. The discomfort is most prominent in the lumbar spine. This radiates to the right foot. This is a chronic, but intermittent problem with an acute exacerbation. He does not recall any precipitating ; 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/back pain in pt with hx of disc protrusion; 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	NO RELIEF FROM MEDICATION TRAMADOL; The study 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	none; 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.; knees recoil	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; This study is 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.; right hip pain with burning sensation, limited rotation , gait with limp; nsaid, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had vertigo since August 2018, not relieved by medications.; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt seen on 10/22/2018 and 10/25/2018 for Migraine that did not ease with medication; 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	pt. is experiencing hallucination for the past 2 months; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	see attached; 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; 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 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
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.	6
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).	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 is experiencing dizziness.	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	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
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 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.; discomfort and pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	We also discussed some headache problems she has had. She has had some pain mostly in the upper left hemicranium.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	.allergic rhinitis, lymphadenopathy &#x0D; Pt. is here for follow-up of lymphadenopathy in chest and it is about the same. No new complaints.&#x0D; Pt. has been compliant with medication. No side effects. He took Levaquin and then clindamycin. He complains of a ; "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	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.; upper and lower back pain; There has not been any treatment or conservative therapy.; upper 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	pain increases with almost any movement; This study is being ordered for trauma or injury.; 11-5-2018; There has been treatment or conservative therapy.; cervical pain radiating into left arm and pain described as aching, burning,tingling&#x0D; &#x0D; lumbar pain radiating into right hip and pain described as aching, sharp, stabbing; trigger point injections/chiro treatment/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	Pain starts in lower back and radiates down legs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; nerve pain down left leg with weight bearing. Lower back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

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 while sitting radiating pain down 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	Pain while standing or sitting; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; When standing her legs are giving up on 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Palpitations and mild tenderness in the upper lumbar region.....decreased 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	Patient came in with acute back pain, lower back tenderness and spasms along with change in bladder sensation. Patient has been referred to physical therapy for 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 experiences chronic back pain, was dx with spinal stenosis 3 years ago. needs mri before neurosurgeon will see patient.; 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 recent x-ray that was negative. She is still having significant pain despite multiple conservative treatments.; 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 been having mid and lower back pain for over 3 months. Patient has tried physical therapy with no relief. ROM instructions were also provided for the patient from the provider. Patient also taking medication for pain such as Naproxen and Cyclo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/25/2018; There has been treatment or conservative therapy.; Mid and Low back pain lasting over 3 months. Rating pain at a 7-8 on a scale of 0-10.; Patient went to physical therapy. Also had at home ROM exercises such as Rest. Gentle ROM and stretch several times daily. For the first 1-2 days alternate ice and heat, using barrier method for icing with 10 min on and 60 or more off. Heat to back severa; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 has been to PT and chiropractor without relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; musculoskeletal abnormalities, tenderness to palpation lower lumbar midline; 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	Patient has ben conservatively with NSAIDS, rest, stretches with no improvement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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. Patient has cervical, thoracic, and lumbar pain. He wears a back brace to help with pain and taken steroid shots. Patient has seen a specialist for this and taken naproxen, flexural, and diclofenac. Patient has been; 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 gone through physical therapy with worsening symptoms. Weakness and numbness bilateral legs. Patient has gone through a round of conservative treatment without improvement. Patient also states shes had an increase in bilateral hip pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; New increasing weakness bilateral leg along with numbness bilateral 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	Patient has had constant low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has history of dirtbike accident with lumbar and thoracic injury and the xray shows t12 wedge and disc space narrowing at l4-5; 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 low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has numbness in feet now. low back pain that causes her to lay in bed and unable to function.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72148 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. Patient has had low back pain for awhile.; 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 tried and failed 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 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 hip flexer	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 having chronic back pain and has failed conservative therapy of NSAIDS and muscle relaxers. He has positive leg raises.; 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 is having severe pain in her lower back that radiates down to her toes - it is getting worse and she is very tender at right S1; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 presents to clinic with low back pain with radiculopathy into bilateral hips and thighs, numbness, burning in bilateral hips and thighs. does have discoloration of bilateral lower extremities on exam. Pain and aching in hips and thighs seems to ; This study is being ordered for a neurological disorder.; patient presented to clinic on 10/30/2018 with low back pain with radiculopathy. Has had low back pain, radiculopathy, numbness/burning in low back and thighs for years, has worsened over past 3 weeks.; There has been treatment or conservative therapy.; low back pain, radiculopathy into bilateral hip/thighs, numbness/burning in low back, bilateral hips, thighs. does have discoloration in lower extremities on exam.; Heating pad, NSAIDs, ice packs, stretches provided in clinic to 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
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 states she fell on a ladder over 1 year ago but didn't have any images done at that time. Xray was normal. Right sided back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has 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	PATIENT'S BACK PAIN IS GETTING WORSE AND WORSE EACH DAY.; 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'S BACK PAIN IS GROWING WORSE AND WORSE, AND THE PAIN WON'T STOP.; 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	Patients has the pain for over 20 years. Radiculopathy down his right leg and getting worse. Trouble sitting, standing and riding in the car. Pain is 10/10 at times. Always tender in the SI Joint and it never goes away. Has failed over the counter anti-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	presents complaining of severe low back pain. She has had back pain for years but it has gotten much worse the last week or so. Pain is in her lower back. No radiation to her legs. No numbness or tingling or 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 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	Presents to clinic with complaint of right low back pain radiating through to lower right abdomen. States back pain is constant but worsened over the last 6 months-at the point today she states something has to be done because it is worsening.; 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	;"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	; 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

				; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/03/2018; There has been treatment or conservative therapy.; abdominal pain, chest pain, cough, elevated white count; Steroid shots, prednisone, 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	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	70
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	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest and breast pain (throbbing and aching), history of breast 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
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	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.; '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	Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	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	Previous history of disc bulge, which noted on MRI over a year ago. On examination I find no significant weakness but he does complain of low back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt feels there is an electrical shock going down leg. He's feeling pain, tingling, and numbness down mostly right leg, sometimes both legs. Pt had physical therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	pt has ddd l-spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS HAD KIDNEY STONES IN THE PAST.; 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	pt has had PT and with pain worsening... Pt will get mri as well as pain meds Pain is getting worse as he cannot walk well; 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	pt is having lower back pain that is more in the left side, pain radiates to left leg with tingling and numbness; The study 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	radiating pain from neck to waist, has cystic issues; This study is being ordered for trauma or injury.; 10/13/2018; There has been treatment or conservative therapy.; lower back pain, pain when coughing or urination. unable to lay on back; patient given toradol tablets and methocarbamol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	RADICULOPATHY FROM LOW BACK DOWN INTO THE PELVIS, DECREASED MOBILITY AND HAS WEAKNESS. EXAM IS NORMAL. LLQ BACK PAIN. PT HAD A CT NECK 2017 AND IT WAS ADVISED THAT SHE GET AN MRI AND SHE JUST NEVER HAS HAD IT DONE.; 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	Radiculopathy; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	severe and chronic leg swelling, pain from buttocks going down, blood pressure up from pain, persistent 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	SHARP WORSENING PAIN GETTING WORSE OVER PAST FEW MONTHS HARD TIME GETTING UP; 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	tenderness and limited ROM (lumbar spine)&#x0D; Musculoskeletal:arthralgias/joint pain and back pain (dec rom of thoracic and lumbar spine).; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has been complaining of increasing pain for several months. She was recently seen in the Emergency Room for this as well. MRI's were recommended. She has been treated with Diclofenac and Gabapentin, but the pain is not resolving.; This study is 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 been treatment or conservative therapy.; Radicular right arm pain, cervicalgia, lumbar pain, bilateral leg weakness; Anti-inflammatory 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	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.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	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	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 Neurological deficit(s)	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	unk; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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	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	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 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	6
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest pain.; "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	chest tightness, fatigue&#x0D; pressure; squeezing; heaviness&#x0D; chest discomfort; shortness of breath; decrease in exercise capacity;palpitations; dizziness; lightheadedness,&#x0D; She reports chest pain on exertion,tachycardia&#x0D; sleep apnea, muscle aches, muscle wea; 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	coronary artery disease, asthma, morbid obesity;; 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	MBR has had 40 lbs weight loss, chronic cough longer than 2 months, loss of appetite; 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	'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	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.; '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	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.; 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: uploading office notes.; 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; 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	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	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; This study is being ordered for a neurological disorder.; 6/2018; There has been treatment or conservative therapy.; pain radiating to legs that's sharp interferes with work sleep and work, neck pain is sharp and tingling radiating to shoulder with numbness that interferes with work and sleep.; medication and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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.; 9/12/18; There has been treatment or conservative therapy.; Sharp pain, numbness of legs and feet; 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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/12/18; There has been treatment or conservative therapy.; Pain, tightness, interference with sleep, photophobia, sensitivity to light, limited range of motion with straight leg raises, tenderness, radiating pain down bilateral legs; 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
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.; 2/2/18; There has been treatment or conservative therapy.; back and neck pain back pain radiating to lower extremities with some tingling and numbness; anti inflammatory meds, pain meds, 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

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.; 7/13/18; There has been treatment or conservative therapy.; neck/back pain that radiates to lower and upper extremities, numbness in fingers and hands; medications, muscle relaxers 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
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.; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	We need to see if there are further problems in the spine now that the symptoms are progressing for continuation of care. A neurosurgery consult is in process but will require further imaging to justify the referral.; This study is being ordered for a neurological disorder.; First documented 5/1/2014; There has been treatment or conservative therapy.; Low back and neck pain and paresthasias to extremities.; Patient has been given NSAIDS, physical therapy, 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	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.; 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	will fax clinical; 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 numbness going down his 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	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 down left leg and weakness of left leg, over the counter NSAID not helping.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray shows abnormality and patient has been having pain for over 6 weeks; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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 shows Spondylololishesis at L4-5 and lumbar degenerative disc. Cervical degenerative disc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; Severe low back and neck pain. Neck pain radiates down the left arm. Legs become weak with prolonged standing or walking. Decreased range of motion in the lower back; Medication, Home exercise, Steriod 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	x-rays neg, no relief from OTC pain meds or stretching/HEP; This study is being ordered for trauma or injury.; 7/13/2018; There has been treatment or conservative therapy.; consistent pain in neck and lower back since rollover MVA 7/13/18; Tylenol/ibuprofen/Aleve, stretches 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	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2018; There has not been any treatment or conservative therapy.; pain, swelling, trauma r lbp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Edema of lower extremity&#x0D; Diabetic gastroparesis; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI; The request is not for any of the listed indications.	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.; 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	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.; The patient had an abnormal lab finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	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 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	'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	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	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.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient 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	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	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 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/15/2018; There has been treatment or conservative therapy.; low back pain extending from right butt cheek into leg; Coradol shot, Steroid shot naproxen, chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/25/2018; There has been treatment or conservative therapy.; Mbr has pain and numbness of right side hip, etc; injection, medication and PT and chiro 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/15/18; There has been treatment or conservative therapy.; low 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
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	1. back pain &#x0D; Onset: 3 months ago. The problem is worsening. Location of pain is lower back. Pain is radiated to the left thigh and right thigh.The patient describes the pain as discomforting. Context: injury. Symptoms are aggravated by walking. Symptom; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt complains of chronic cough and pt has a suspicious solitary mass in the right upper lobe of her lung that is seen on her Chest X-ray performed here in the office.; "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	Pt had some "eruptions" in her mouth and went and saw a peridontist and was told it was swollen lymph nodes. Pt is concerned about this. Lymphadenopathy was found upon laryngoscopy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx 1 month ago; There has not been any treatment or conservative therapy.; Pt had some "eruptions" in her mouth and went and saw a peridontist and was told it was swollen lymph nodes. Pt is concerned about this. Lymphadenopathy was found upon laryngoscopy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	pt is having unintentional weight loss and night sweats.; 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	Right lower quadrant abdominal swelling, mass and lump. Dermatomyostis, Multiple skin nodules.; 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 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	5
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 an unresolved cough; 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	3
General/Family Practice	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.; 10/06/2018; There has been treatment or conservative therapy.; tenderness, vomiting, diarrhea.; 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
General/Family Practice	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.; 10/09/2018; There has been treatment or conservative therapy.; upper left 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
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Has seen orthopedic doctor and agrees he needs MRI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/5/2018; There has been treatment or conservative therapy.; Persistent worsening pain in right groin. Enlarged lymph nodes. Has had ultrasound.; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presents with greater than 4 months of right femoral pain. Worsens when he runs.; 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	Pt has mass in RLQ. Severe pain. Needs evaluation by MRI.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Renal mass was found on the ultrasound incidently . US had been ordered to check out the gallbladder.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-13-2018; There has not been any treatment or conservative therapy.; Pt had abd ultrasound that showed renal mass. Radiology recommended follow up with CT or 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
General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	trying to rule out 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	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 Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	history of bells palsy; This study is being ordered for a neurological disorder.; 10/23/18; 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
General/Family Practice	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.; 10/10/2018; There has not been any treatment or conservative therapy.; unintentional weight loss, fatigue, abnormal labs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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.; 10/11/2018; There has been treatment or conservative therapy.; Pt suffers with low back pain, can't bend or stretch. Sharp pain, stabbing...no comfort.; Pt went to PT for one week but couldn't complete, too painful.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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; This study is being ordered for trauma or injury.; 9/21/18; There has not been any treatment or conservative therapy.; limited range of motion, tenderness, distinct bruising of chest and lower abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	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 degenerative disc disease. Patient has cervical, thoracic , and lumbar pain. He wears a back brace to help with pain and taken steroid shots. Patient has seen a specialist for this and taken naproxen, flexural, and diclofenac. Patient has been; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	. eck pain noted. The location of discomfort is posterior. It radiates to the intrascapular area. The pain is characterized as moderate in intensity, constant, sharp, and pulling. Initial onset was 3 weeks ago. The precipitating event seems to have b; 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	; The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not 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
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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. cant lift over head. trouble sleeping; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home exercise Started on 9/17/208- present; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/18; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
General/Family Practice	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.; 1-4 weeks ago; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 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.	3
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	AFTER 4 MONTHS PATIENT IS NO BETTER AND THE HEADACHES ARE CONSTANT; This study is being ordered for trauma or injury.; JULY 2018 PATIENT WAS INVOLVED IN AN MVA - HAS BEEN HAVING HEADACHES WITH CERVICAL PAIN SINCE. NOTHING IS HELPING PATIENT.; There has been treatment or conservative therapy.; CERVICAL PAIN AND SPASM, HEADACHE. TENDER MUSCLE BIATERAL SIDES OF NECK; PATIENT HAS DONE EXERCISES AND STRETCHES AT HOME ALONG WITH MUSCLE RELAXERS, 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervicalgia and Cervical Disc Degeneration; 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	Chronic back pain&#x0D; M54.13: Radiculopathy, cervicothoracic region&#x0D; CT, THORACIC SPINE, W/O CONTRAST&#x0D; CT, CERVICAL SPINE, W/O CONTRAST&#x0D; &#x0D; muscle aches, weakness, and cramps; and arthralgias/joint 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.; muscle aches, weakness, and cramps; and arthralgias/joint pain.; It is not known if there has been any treatment or conservative therapy.; muscle aches, weakness, and cramps; and arthralgias/joint pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	CT neck soft tissue done on 12/11/17 showed single lower left internal jugular 0.7 cm node in the left thyroid bed.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to suspected tumor with or without metastasis.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of injury; This study is being ordered for trauma or injury.; 12/3/2018; 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	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 07/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ANTI MEDS,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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/2018; There has not been any treatment or conservative therapy.; Pain and immobility is both shoulders; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	; The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 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
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.	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 a neurological disorder.; 06/2018; There has been treatment or conservative therapy.; muscle weakness of right extremity, neck/shoulder pain; physical therapy, cervical 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
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.; 11/6/18; There has been treatment or conservative therapy.; R SHOULDER PX W/BL HANDS PX AT NIGHT WORSE. LBP WITH LEG PX AND NUMBNESS AND TINGLING W DECREASE STRENGTH. ALSO THIGH PX; PT HAS BEEN IN PHYSICAL THERAPY AND TAKING MOBIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 01/08/2018; There has been treatment or conservative therapy.; left shoulder pain &#x0D; neck pain; nsaid, ice/heat, home remedies, physical therapy, norco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	leg pain, swelling in the neck that is worsening; 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	MVA normal xray cervical pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot 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 pain &#x0D; Cervicalgia; 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	Needing diagnostic imaging to determine what is causing severe pain in patient; This study is being ordered for a neurological disorder.; 05/15/2018; There has been treatment or conservative therapy.; severe pain in upper and lower back. Numbness and pain to Upper and Lower extremities; Patient has had surgery, as well as medication treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain in neck radiating to both arms, numbness in fingers, arms, and hands bilaterally; 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 comes in today complaining of headaches and some facial pain. Patient states he got hit in the face 10 days ago. Has a history of facial reconstruction in 2007; 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	Patient has had increased pain and decreased range of motion over the last several months. Patient has tried NSAIDs and at home exercises over last 8 weeks.; 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 is a 22-year-old female. &#x0D; &#x0D; Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD.&#x0D; &#x0D; Psychiatric: Mental Status: normal mood and affect and active and alert. Orientation: to time, place.; This study is being ordered for trauma or injury.; 11/03/18; There has been treatment or conservative therapy.; HEADACHE AND NECK PAIN; 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	report double vision with color changes. unable to rotate head to right w/ pain past 30 degree, pain with passive ROM in shoulder and neck; This study is being ordered for trauma or injury.; about 2.5 weeks ago 11/25/2018; There has not been any treatment or conservative therapy.; tingling and numbness in right arm when he turns his head to the right, pain in neck, all after being hit in face 2.5 weeks 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
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.; 09/24/2018; There has not been any treatment or conservative therapy.; Neck Pain & Swelling, Shoulder 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Neck and shoulder pain for over a month. Normal X-ray and CT. Previous neck injury; 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; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a week ago October 1st 2018; There has not been any treatment or conservative therapy.; pain is deep going down left arm includes flowing no injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 a previous MRI in 2011 that read, "advanced atrophy of the teres minor muscle with differential including denervation atrophy or Parsonage-Turner syndrome, no masses noted, and partial tears of the distal supraspinatus tendon, predominantly d; 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.; 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	presents with a diagnosis of pain in right shoulder. This was diagnosed several months ago. The course has been progressively worsening.; 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	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt has tried conservative treatment for many months with no improvement. Pt has history of endochondroma of the tibia; This study is 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 been treatment or conservative therapy.; ; Pt has tried physical therapy, exercise, 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
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	seen by neurologist pain of lower extremities. MYELOPATHY; 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	STAT REQUEST&#x0D; &#x0D; Neck pain, Decreased motion,tenderness,bony tenderness.; 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	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
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	unk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; It is not known if there has been any treatment or conservative therapy.; unk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	worse when laying down; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/2018; There has been treatment or conservative therapy.; dizziness headache nausea, exercises , 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	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.; ; 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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe pain in the thoracic region. Patient has had pain for over a week gradually gets worse.; The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; It is not known how many follow-up Thoracic Spine CTs this patient had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 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	Pt was in a MVA previously and complains of back pain that is non-radiating, severe, dull, and aching.; 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	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; The patient has had 3 or fewer Thoracic Spine CTs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to trauma or acute injury within 72 hours.; 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	unk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; It is not known if there has been any treatment or conservative therapy.; unk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Unknown; This study is being ordered for Congenital Anomaly.; 12/7/18; There has not been any treatment or conservative therapy.; cervical neck pain with swelling around T7 and T1, on her C spine x-ray there's an additional 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	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary		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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of bony lumbar fusion status; evaluation for adjacent segment stenosis; 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	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 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
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	Shoulder pain, up to into neck, radiating down arm with numbness and tingling in fingers.&#x0D;&#x0D; C/o worsening left shoulder pain radiating up into neck and down into left arm with numbness and tingling in fingers. Needs refill on pain medication. Wants to di; 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	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	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."; Brian was involved in a 4 car accident one week ago where he was thrown over the handlebars and landed on his right upper extremity and shoulder. Initially had pain in his right shoulder and elbow but no swelling. 4 days after the accident he began to hav	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."; No clinical information	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 is having shoulder pain s/p fall 1 month ago.	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."; Pt came to our office in extreme pain .. Pt does have motor disturbances and visual shoulder abnormalities upon office visit States that he went to the local Emergency Room 4 days ago in extreme pain. Pt had a shoulder Xray which was negative. Was in a	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."; unknown	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 has a history of severe low back trauma or lumbar injury.; 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	unk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; It is not known if there has been any treatment or conservative therapy.; unk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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		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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; stiffness..... right shoulder pain	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Extremety weakness in rt arm decreased mobility 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 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.;; c/o left shoulder pain.&#x0D; hx of R shoulder repair x 3; most recent 2016;&#x0D; today c/o pain in left shoulder pain, worse last week, denies any recent trauma.&#x0D; c/o left shoulder has been hurting since mva in 2014;	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 right 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	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.;; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	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 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.; mild to moderate intermittent pain for a year, OTC and NSAIDs show no relief; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	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.;	6
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. &lt; Enter answer here - or Type In Unknown If No Info Given. &gt; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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.; concerned for a rotator cuff tear, sharp and burning pain, neck pain, using shoulder makes the pain worse	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.; Enter limited ROM (LEFT SHOULDER) and tenderness (POSTERIOR/ANTERIOR LEFT SHOULDER- AND MID LATERAL BICEP AREA- RADIATES TO LEFT ELBOW WITH NUMBNESS TO LEFT PINKY OCCASIONALLY.). Extremities: no cyanosis, edema, varicosities, or palpable cord. &#x0D; - LEFT	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.; He exhibits decreased range of motion and tenderness.&#x0D; Pain with ROM of the right arm and pain with palpation of the right neck and trapezius muscle.	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.; 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.; 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 having chronic right shoulder pain that has not gotten any better. tingling in hand and arm	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.; Pt has been training for an athletic competition and complains of pain for the past 6 weeks with decreased grip strength	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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 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	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 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication and rest and pain management and PT in the past; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/18; There has been treatment or conservative therapy.; ACUTE PAIN; PT, CHIROPRACTIC, INJECTIONS, NERVE BLOCK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2018; There has not been any treatment or conservative therapy.; sever right side pain for two months, had CT scan in ER to R/O abdominal process, has been treated with medication!; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	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.; unknown; steroid injection combo of steroids, NSIDS; 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	Unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

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.; 9/20/18; There has been treatment or conservative therapy.; pain in neck that radiates to left shoulder, left shoulder pain; steroid injections, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 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
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	Will Upload Chart Notes.; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 6 months; There has been treatment or conservative therapy.; limited motion and pain with weakness sr/o tear; exercises 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, tenderness.; physical therapy and medication 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10 YEARS AGO; There has been treatment or conservative therapy.; NUMBNESS IN LOWER EXT, TINGLING; PT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/4/2018; There has been treatment or conservative therapy.; Neck pain, numbness tingling in arms, sciatic pain on right side; Chiropractor, steroids, and muscle relaxers, heat/or 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	. Courtney Pascale is a 30 y.o. female who presents with back pain that has been present for one day. She was working at the daycare she is employed with and was sitting with a child. She states the child threw himself backwards towards her and hit her.; 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	; This is a 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Worsening pain. Interferes with work and daily life. Tenderness. Limited range of motion.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; It is not known what type of medication the patient received.	1
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	injury of the ankle on the right side; 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	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 not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; 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) and further sequences	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	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.; This study is being ordered for 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	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.; This study is being ordered for 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 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.; This study is being ordered for None of the above; 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	; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has knee problems and had a bone tumor on right knee with severe osteoarthritis. He is a candidate for stem cell placement in bilateral knees and needs referral for MRI.&#x0D; &#x0D; UNKNOWN DATE OF ONSET; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	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.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	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	29 YO here today c/o chronic left knee pain from sports. 5 days ago was up a lot and then had to run down the hall and felt may have strained it then. hurts in back of knee and sharp pain radiates around to sides of knee. wearing knee brace does help. &#x0D; &#x0D;; 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.; This study is being ordered for None of the above; Pain greater than 3 days; It is not known if patient has 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	Acute on Chronic Left Knee Pain -- may be a strain on her lateral meniscus, fibular collateral ligament, iliotibial band, or plica. I discussed whether to go directly to PT, or start w/ an MRI, then decide on ortho or PT. She states her father required ; 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.	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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	2
General/Family Practice	Disapproval	72141 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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.;	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 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
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 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 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	; 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
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.; 57 year old female with weakness and numbness 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	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.; bilateral weak grip; The patient 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 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	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 study is being ordered for a neurological disorder.; 07/24/18; There has been treatment or conservative therapy.; neck pain numbness down arms pain in both shoulders getting worse hx of rotator cuff tears unable to lift arms over head; pt steroid shots 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 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.; cervical spine pain, cervical radiculopathy.; She has tried and failed conservative therapy of NSAIDs, opiates, muscle relaxers, and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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.; 01/25/2018; There has been treatment or conservative therapy.; lower back pain , &#x0D; painful range of motion&#x0D; decreased range of motion to cervical spine; physical therapy, nsaid, heating pads, ice/heat., prescribed 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	8/31/18 t-spine x-ray: no acute finding identified. &#x0D; 8/31/18 l-spine x-ray: no acute abnormality identified. &#x0D; 8/31/18 c-spine x-ray no acute abnormality identified. right sided c7 cervical rib, correlate clinically for possible thoracic outlet syndrome.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	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	arthralgias/joint pain and difficulty walking.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt c/o left ankle, foot, and knee pain...Pt states that when she lifts weights she can feel a pop in the left medial knee and left medial ankle. She has tenderness to the left foot...she has broken the left ankle twice in the past...arthralgias/joint pain; There has been treatment or conservative therapy.; left ankle and foot pain. Hurts to walk and run.&#x0D; she can feel a pop in the left medial knee and left medial ankle. She has tenderness to the left foot; prednisone po x 5 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	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	Knee giving away; 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.; This study is being ordered for Non-acute Chronic Pain; 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	muscle aches, arthralgias/joint pain, and difficulty walking.&#x0D; pt restarted PT on bilat knees on Monday, pain has increased since.&#x0D; long hx of 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.; This study is being ordered for 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	Musculoskeletal: Joints, Bones, and Muscles: tenderness (small pop lateral left knee with flexion/rotation. &#x0D; tender medial epicondyle). &#x0D; Patient states he came in September of this year for left knee pain. He thought it was from doing burpees. He stopp; 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.; This study is being ordered for 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	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 had a torn ligament in this ankle previously.; 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	patient is unable to bear weight and having continued pain; This study is being ordered for trauma or injury.; 5-31-18; There has been treatment or conservative therapy.; pain and unable to bear weight; The patient has been non weight bearing and anti inflammatory and pain 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	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	Back: Thoracolumbar Appearance: normal curvature; bilateral low back tenderness and spm. Full ROM. Left shoulder anterior tenderness.&#x0D; &#x0D; Lumbar Spine: Inspection no kyphosis, scoliosis, lordosis, skin abnormalities, or visible deformity and normal hair pa; This study is being ordered for a neurological disorder.; Context: trauma history yes; car wreck 10 years ago 2008; There has been treatment or conservative therapy.; Back Pain&#x0D; Reported by patient.&#x0D; Location: cervical; lumbar; cervical rads to left shoulder &#x0D; Quality: dull; stiffness&#x0D; Severity: worsening; pain level 7/10&#x0D; Duration: chronic &#x0D; Onset/Timing: recurrent episode &#x0D; Context: used medications for back pain; mo; Treatment: PT/OT; NSAIDS; steroids; completed PT about 2-3 weeks 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	c/o muscle pain and spasms in left shoulder, and numbness radiating down into arm and hand. no injury reported. pt stated he played golf 9/10 and refereed football 9/11, woke up next morning with severe pain and spasms&#x0D; Trigger Point Injection_FP:&#x0D; &#x0D; 09/1; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; NECK AND THORACIC PAIN WITH RADICULOPATHY, ARM SHOULDER AND HAND NUMBNES; TRIGGER POINT INJECTIONS X4&#x0D; AND HYDROCODONE WITH ACTEMENPHINE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	cervical discectomy 2 years ago; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; neck, arm and shoulder pain with numbness; anti inflammatory, 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	CONSTANT NECK PAIN / RADIATES TO BOTH UPPER EXTREMITIES WITH ABNORMAL X-RAY.; This is a request for 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	Enter answer here - or Type In New onset of dizziness after something popped in neck. Reports he feels drained for some hours after dizziness. This has occurred 3 times in the past 10 days, with each episode lasting 10-15 minutes. Associated symptoms inc; 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	going on since April 2018, home exercises and medications have been done; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain in neck and hard to hold her head up; The patient 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	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	Postlaminectomy syndrome, not elsewhere classified; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Postlaminectomy syndrome, not elsewhere classified; 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	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	Rule out ACL Tear; 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.; This study is being ordered for 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	severe and chronic leg swelling, pain from buttocks going down, blood pressure up from pain, persistent 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	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.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; It is unknown if surgery is planned.	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.; This study is being ordered for Non-acute Chronic Pain; Locking	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.; This study is being ordered for Non-acute Chronic Pain; Swelling 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	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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 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
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 complains of left shoulder pain x 1 month. He states pain is going down his arm and causing thumb to be numb. He tried PT and states the pain improved for several months but is now hurting again. MRI of c-spine. Meloxicam as directed.; This is a request for 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	hx surgery of lumbar region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; stiffness, leg pain, numbness in legs and weakness, neck stiffness, headache's, neck paralysis; heat and cold packs, home exercises given by doctor since 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	loss of fine motor skills, confusion, right upper extremity weakness, neurological deficits. .; 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	low back pain, herniated lumbar disc, and neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/18; There has not been any treatment or conservative therapy.; low back pain 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Member has had chiro care.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30/2018; There has been treatment or conservative therapy.; Neck and back pain, numbness and tingling down left leg; 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	MRI is needed for neurosurgery evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Bilateral radiating back pain and numbness to the buttocks and bilateral calves. Radiating pain and muscle spasms; Describe treatment / conservative therapy here - or Type In Unknown If No &#x0D; &#x0D; Physical Therapy, Spinal Injections, OTC medication, NSAIDs, and Narcotic 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 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.	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	Unknown; This study is 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.; THIS IS A CERTIFIED NURSE ASSISTANT WHO IS EXPERIENCING CHRONIC RIGHT KNEE JOINTS WITH LONG STANDING HISTORY OF LIFTING AND PULL BED RIDDEN PATIENT NOW WITH PROGRESSING KNEE JOINT PAIN DUE TO STRAIN AND SPRAIN KNEE JOINT ACTIVITIES. 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a requests for a hip MRI; The study is not requested for any of the standard indications for Knee MRI; It is not known if 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 04/05/2018; There has been treatment or conservative therapy.; Bilateral back pain, ongoing for several years; Medication, HEP, 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
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.; ; There has been treatment or conservative therapy.; ; PT/HOME EXERCISE/CORTISONE INJECTION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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/back pain in pt with hx of disc protrusion; 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	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.; 09/11/2018; There has been treatment or conservative therapy.; Tenderness pain limited ROM; Chiropractic care NSAIDS 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
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 study is being ordered for trauma or injury.; 01/2017; There has been treatment or conservative therapy.; Neck pain radiating down left arm back pain S/P disc injury; NSAIDS steroid pack 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and radiating pain neuropathy radicular pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has been treatment or conservative therapy.; LBP neck pain injections; PT pain mngmt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 complains of right shoulder pain, states hands will get numb and states arm feels weak; shoulder will often swell and feel puffy, worse with activity; This is a request for 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.; BACK: BILATERAL MUSCLE SPASMS and knots of the paraspinnous musculature with moderate tenderness. &#x0D; EXTREMITIES: RIGHT SHOULDER EFFUSION moderate to large, with crepitus and cracking over extremes of flexion and extension. Rotation is painful and range of m; The patient 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 degenerative disc disease. Patient has cervical, thoracic , and lumbar pain. He wears a back brace to help with pain and taken steroid shots. Patient has seen a specialist for this and taken naproxen, flexural, and diclofenac. Patient has been; 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 neck pain that radiates into shoulder. + numbness. Pain started 2-3 months ago. No known injury. Has been doing home exercises and taking NSAIDS without relief. &#x0D; &#x0D; Patient has back pain that has been worse over 6-8 weeks. Has known annular te; 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/17/2018; There has not been any treatment or conservative therapy.; Pain in right hip, back pain, nephropathy right 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	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.; 8/27/18; There has been treatment or conservative therapy.; LUMBAGO WITH L SIDED RADICULOPHTY, ACUTE BACK PAIN, L HIP PAIN; injection, 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain&#x0D; Reported by patient.&#x0D; Location: lumbar; pain radiating to the buttocks; pain radiating to the legs&#x0D; Quality: sharp&#x0D; Severity: worsening&#x0D; Duration: chronic &#x0D; Aggravating Factors: movement/positioning; twisting &#x0D; Associated Symptoms: numbness of ; 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	Has seen orthopedic doctor and agrees he needs MRI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/5/2018; There has been treatment or conservative therapy.; Persistent worsening pain in right groin. Enlarged lymph nodes. Has had ultrasound .; 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	hip and back pain, tingling and numbness; 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	limited ROM (right hip) and tenderness (right hip with abduction). bursitis; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Location: lumbar; sacral; pain radiating to the buttocks; pain radiating to the legs; pain radiating to the ankle; radiates bilaterally with scatic nevre pain &#x0D; right foot has burning and numb sensation, has a feeling that she has stepped in something col; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 0924/2018; There has been treatment or conservative therapy.; numbness, tingling, popping/clicking, buckling, instability, and radiation down leg&#x0D; numbness of the arms, tingling of the arms, pain in the arms, and weakness of the arms; PHYSICAL THERAPY AND MEDICATIONS , 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
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 in obvious distress with presenting symptoms of numbness and pain in all extremities. Needs diagnostic imaging to see what is going on with patient.; This study is being ordered for a neurological disorder.; Cervical pain a few months. Low back pain a few days; There has been treatment or conservative therapy.; Sever pain in neck associated with numbness in bilateral arms and hands. Severe pain in lower back. SHooting pain. Bilateral lower extremity numbness; Patient has had c spine 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was seen in the clinic with concerns of "neck and back pain." She was seen in the ER regarding these concerns on 11/25/18 and they felt her complaints were likely musculoskeletal in nature and she was instructed to follow up here. Patient states 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Plain film of lumbar spine showed some mild loss of the natural lordotic curve overall retention of vertebral body and disc Height. Little narrowing at L1 and L2. Mass of Lower spine consistent with a cyst, the Neuropathy has worsened in just a few day; This study is being ordered for a neurological disorder; 9-3-2018 Radiculopathy of both lower limbs Has family history of MS, Patient has had constant numbness in both legs, Lumbar MRI of Spine w/o Contrast dated 9-24-2018 shows If patients problems worsen suggested MRI of C spine and Thoracic spine with c; There has been treatment or conservative therapy.; 3 weeks of lower extremity numbness that initially started in the Right lower extremity, extending from the upper thigh to the knee, this quickly involved the entire right lower extremity from buttock down to the toes within a few days, It started migrati; Prednisone dosepak Medrol Pak 4 MG tablet and further evaluation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 initial visit 10/14/17&#x0D; had car wreck in feb 2017 and did the PT having neck pain and upper body pain and left upper leg pain. requesting rx for Neurontin.&#x0D; last visit 10/16/2018 &#x0D; Pt c/o neck pain, and tingling in arms.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; gabapentin 600 mg&#x0D; meloxicam 15mg	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 reports having attempted therapy in the past without success. Pt states there is continued pain in the right shoulder and cervical spine areas. An MRI is requested for further study of those areas.; 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	Pt slipped on wet garage floor and hit her head 6 weeks ago. She has been treated with anti inflammatory and pain medications, but continues to have neck pain, headache, and has now developed numbness and tingling to upper extremities.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is 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	RADICULOPATHY FROM LOW BACK DOWN INTO THE PELVIS, DECREASED MOBILITY AND HAS WEAKNESS. EXAM IS NORMAL. LLQ BACK PAIN. PT HAD A CT NECK 2017 AND IT WAS ADVISED THAT SHE GET AN MRI AND SHE JUST NEVER HAS HAD IT DONE.; 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	reduced range of motion in neck w/ pain to palpaton; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	severe neck and upper back 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.; patient presents weakness in both arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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	Severe 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.; Several yrs ago; There has been treatment or conservative therapy.; H/A Right UE parathesia neck pain back pain dizziness; Rx medication 6 weeks of 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	She has known c spine degenerative changes.; 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

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; 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.; right hip pain with burning sensation, limited rotation , gait with limp; nsaid, 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complaint of pain, cuppled with abnormal imaging, and the already prescribed pain meds.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Right hip and knee pain both will abnormal x-ray on 10/05/2018.; Patient is seen by pain management and takes Gabapentin 300mg TID, Hydrocodone-Acetaminophen 5-325mg as needed, Tizanidine 4 mg TID.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Pt has a history of a right hiop replacement in 2014 due to Arthritis. Also a long history of arthritis in the knees.; This study is being ordered for Inflammatory/ Infectious Disease.; Off and on for years.; It is not known if there has been any treatment or conservative therapy.; extremely painful knees and hips. Difficulty in Ambulation, bending and performing general task.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Pt suffers with chronic issues; 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	severe and chronic leg swelling, pain from buttocks going down, blood pressure up from pain, persistent 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	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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Strange visons, headache, pressure on her neck, nausea; This is a request for 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	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
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.	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	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
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.; &lt;Enter Additional Clinical Information&gt;	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.; patient has a history of neck surgery	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.; 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	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 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.; 08/01/2018; There has not been any treatment or conservative therapy.; pain in both hips, radiculopathy , 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	4
General/Family Practice	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
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 no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new symptoms including 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	abdominal pain x1 year has gotten worse, pain radiates to chest, bloating, diarrhea, myalgia and nausea; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	CHEST PAIN, LUQ PAIN SINCE 10/27/18, HURTS TO TAKE A DEEP BREATH, NAUSEA WITH VOMITING,; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient has been having the pain since 11/13. We have done labs and a UA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient has not had any imaging since trauma. suspected organ enlargement; 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

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	RUQ tenderness; pt has tenderness to RUQ.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	severe abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Swelling by belly button R/O hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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 known or endoscopic findings of Diverticulitis.; 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/23/2018; There has been treatment or conservative therapy.; Unknown; medication for blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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; MUSCULOSKELETAL: digits/nails: no clubbing, cyanosis, or evidence of ischemia or infection; grossly normal tone and muscle strength; range of motion: decreased ROM with neck extension and right lateral flexion; pain with neck extension and right lateral; 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 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; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	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.	5
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.; Neck pain; unable to turn head side to side; left arm numbness at this time	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.; &lt;Enter Additional Clinical Information&gt;	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; No, the patient does not demonstrate neurological deficits.; Cervical Xray shows slight anterolisthesis at the C4-C5, C5-C6 and C6-C7.	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.; Neck pain H/A worsening	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.; Neck Present- Neck Pain (radiates to right shoulder) and Neck Stiffness.&#x0D; Neurological Present- Headaches. Not Present- Focal Neurological Symptoms, Numbness and Weakness.&#x0D; Pt was seen 9/28/18 was given following injections&#x0D; THER/PROPH/DIAG INJ, SC/IM (9	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 was done on 11/29/18 and MRI of cervical spine was recommended d/t mild spondylosis of C spine.	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.; nerve conduction study test shows findings suggestive of a problem with a nerve in her neck	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.; Pt has neck pain and numbness to extremities for 2 weeks. Prednisone did not help the 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; 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.; Will fax records.	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 is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; prior surgery cyst removal on neck ,	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; Patient here with c/o neck, low back, hip pain. Patient states she fell 2 weeks ago and has had constant pain since that time. Cervical pain radiates into arms bilaterally. Low back pain with some associated pelvic pain. Non loss of bowel or bladder funct; No, the patient does not have new or changing neurological signs or symptoms.	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.	1
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.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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 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 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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
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	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; Trauma or recent injury; Tenderness: left trapezius muscle and right trapezius. Special Tests: positive Spurling's Maneuver on the left, but negative Spurling's Maneuver on the right. C right paraspinal.; 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; Unknown; 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	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.; Flexion is normal but increases pain, tenderness present on palpation, scoliosis absent and kyphosis absent; The patient 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-19-18 for the MRI/ Neck pain&#x0D; &#x0D; 11-13-18 for the CT/ Hematuria and abdominal pain; There has been treatment or conservative therapy.; Blood in urine for the CT and Neck and back pain w/ radiculopathy for the MRI; Patient has tried Levaquin 500mg&#x0D; flomax, tramadol all with no improvements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2/18; There has been treatment or conservative therapy.; back and neck pain back pain radiating to lower extremities with some tingling and numbness; anti inflammatory meds, pain meds, 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
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.; 9/27/2018; There has not been any treatment or conservative therapy.; Neck pain and LBP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Oct. 2018; It is not known if there has been any treatment or conservative therapy.; back pain, bowel/bladder 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
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 Inflammatory/ Infectious Disease.; 10-29-2018; It is not known if there has been any treatment or conservative therapy.; Mid sternal chest pain, epi-gastric pain with LUQ pain, SOB with activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10/23/18Pt is here for weight mgmt (lost 3 pounds) and for abdominal/pelvic pain. Had total hysterectomy 2010, but pain has started coming back. It wakes her up at night and interferes with her daily life. The pain is on her L side. Describes pain as hard; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Abdomen pain since 2/2018; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain for 3 days, worse with eating or bowel movement, recently hospitalized with diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal pain, unspecified abdominal location&#x0D; Leukocytes in urine&#x0D; CVA tenderness&#x0D; History of recurrent UTIs&#x0D; History of bilateral flank pain&#x0D; UTI symptoms&#x0D; Nausea&#x0D; History of back pain&#x0D; Dysuria&#x0D; Urine frequency&#x0D; Urinary urgency&#x0D; History of hematuria&#x0D; B; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	abdominal pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ABNORMAL ULTRASOUND OF KIDNEY LESIONS ON KIDNEY CYSTIC LESIONS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	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
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.; Unknown; There has been treatment or conservative therapy.; discomfort and pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 09/10/2018; There has been treatment or conservative therapy.; neck and shoulder pain on left side, radiculopathy, was referred to an orthopedists and they are requesting an MRI before her appointment, tenderness; 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	unknown; This study is being ordered for trauma or injury.; 10/5/18; It is not known if there has been any treatment or conservative therapy.; headache and dizziness, lost conscious and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	We need to see if there are further problems in the spine now that the symptoms are progressing for continuation of care. A neurosurgery consult is in process but will require further imaging to justify the referral.; This study is being ordered for a neurological disorder.; First documented 5/1/2014; There has been treatment or conservative therapy.; Low back and neck pain and paresthasias to extremities.; Patient has been given NSAIDS, physical therapy, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	WEAKNESS R/O STROKE; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Dx with pain in left hand; the course has been progressively worsening. It is of moderate intensity. He estimates that the frequency of symptoms is everyday. The typical duration of an episode is the majority of the day. Aggravating factors include tr; The patient 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	c/o pain in upper left shoulder, radiates into left arm, &#x0D; symptoms have been ongoing for a while. He has some supraclavicular swelling noted for a few months.&#x0D;&#x0D; also c/o muscle tightness in posterior legs.; This study is being ordered for a neurological disorder.; 10/23/2018; 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Checking for 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.; 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	did pap smear that was abnormal pt had partial hysterectomy and is bleeding abdominal pressure; 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	history of cysts on ovaries, removed 3/2018. Had abnormal pap per Dr Carlton pt is having increasing abdominal gerth over the last 4 months, feels like she is 6 month pregnant.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hx 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 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	Labs drawn 10/10/2018 showing elevated alkaline phosphate level at 204 and elevated creatinine level at 1.02; This study is being ordered for Inflammatory/ Infectious Disease.; 10/10/2018; There has not been any treatment or conservative therapy.; back pains; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	llq abdominal pain, intermittent.&#x0D;&#x0D; feels like gas bloat,&#x0D;&#x0D;&#x0D; small bowel obstruction; gsw abdomen&#x0D;&#x0D; colostomy reversal; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	LUQ abdominal tenderness, LUQ PAIN, fatigue, mid back pain on left side.&#x0D; Left back pain, worsening &#x0D; She has to reposition often due to pain in back &#x0D; She can't sleep on her left side at night due to pain &#x0D; Fatigue, tired all of the time; This is 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	na; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 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	Other intra-abdominal and pelvic swelling, mass and lump; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 has presented to our office several times for complaints of abdominal pain. has had negative lab work up and negative abdominal ultrasound. was treated for hpylori and had negative f/u breath test. states Prilosec used to help but no longer does.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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 having persistent abdominal pain and nausea family history of pancreatitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 33 y/o WF who presents to clinic today for abd pain. She was seen in clinic on 11/16/18 for similar symptoms as well as vaginal bleeding. Pt's UPT was negative, and patient's pelvic U/S was negative for any acute findings. Patient has an e; This is a request for an abdomen-pelvis CT combination.; This study is being 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
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; This is a request for 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray shows Spondylololishesis at L4-5 and lumbar degenerative disc. Cervical degenerative disc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; Severe low back and neck pain. Neck pain radiates down the left arm. Legs become weak with prolonged standing or walking. Decreased range of motion in the lower back; Medication, Home exercise, Steriod 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	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.;"	1
General/Family Practice	Disapproval	72146 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.;" &lt;Enter Additional Clinical Information&gt;	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/20/18; 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

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; scoliosis; It is not known if there has been any treatment or conservative therapy.; scoliosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents complaining of left lower abd pain which started months ago. Patient describes the symptoms as intermittent and rates pain 5/10.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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	pelvic mass upon exam and colonoscopy,multi colon polyps with abdomen 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pelvic ultrasound done 1/23/18 showed small free fluid in cud-de-sac. Left ovary not visualized. nabothian cyst within cervix. pt still having 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	PERSISTENT PAIN FOR PAST YEAR.; 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	Right lower quadrant pain with guarding, nausea. Trying to rule out appendicitis vs ovarian cyst.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was 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	RLQ pain, nausea, vomiting, pain is constant dull to sharp; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	rule out diverticulitis; This is 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; pain and numbness and tingling in legs and thighs.; pt and antiinflammatory.....; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; pain in middle and lower back, achy, burning.; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2018; There has not been any treatment or conservative therapy.; sever right side pain for two months, had CT scan in ER to R/O abdominal process, has been treated with medication!; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/4/2018; There has been treatment or conservative therapy.; Neck pain, numbness tingling in arms, sciatic pain on right side; Chiropractor, steroids, and muscle relaxers, heat/or 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She's had a hx kidney stones, requires lithotripsy, has trouble voiding, fluid retention and dysuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was 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	tenderness noted to left upper quad. she has an abdominal lump, swelling and left sided abd pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	The onset quality is sudden. The problem occurs constantly. The problem has been gradually worsening. The pain is located in the RLQ. The pain is at a severity of 7/10. The pain is moderate. The quality of the pain is sharp. The abdominal pain does not ra; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 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 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	This is 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 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
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 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

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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/25/18; It is not known if there has been any treatment or conservative therapy.; PAIN, 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	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.	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 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	; 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	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	; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; muscle atrophy of upper extremity, muscle spasms of bilateral lower extremities, muscle weakness; activity modification, epidural steroid injection 4 years ago, no current 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	chronic back pain not alleviated by anti-inflammatory meds; This is a request for a thoracic 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 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	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.; thoacic nback pain that she has had for the last few weeks She has had history of scoliosis with pain that comes and goes for last several years She has done PT on back in past	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.; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Joint pain, numbness and weakness; This is a request for a thoracic spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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 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	kythotic change at the thoracic lumbar junction with associative degenerative spurring but no acute fracture is seen, degenerative space narrowing, no spondylolistheses, no para spinal mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pain for several years; There has been treatment or conservative therapy.; thoracic spine pain, lumbar spine pain, recent weight loss, diabetic, tenderness in lumbar spine, feels pinching when bends over; home exercise, medications, no relief of pain, previous 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MRI is needed for neurosurgery evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Bilateral radiating back pain and numbness to the buttocks and bilateral calves. Radiating pain and muscle spasms; Describe treatment / conservative therapy here - or Type In Unknown If No &#x0D; &#x0D; Physical Therapy, Spinal Injections, OTC medication, NSAIDs, and Narcotic 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	MRI'S SHOWED SPONDYLOSIS / FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEVERAL YEARS AGO; There has been treatment or conservative therapy.; BACK PAIN; OTC MEDS 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	No clinicals available; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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
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.; 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 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
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 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
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	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 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
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	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 chronic, worsening pain with neurological symptoms that are not resolved with conservative therapy and xrays indicated abnormal spine.; This study is being ordered for trauma or injury.; A few years ago - MVA.; There has been treatment or conservative therapy.; Neck pain, mid and low back pain with numbness in his hands and feet. Xrays showed scoliosis in the T & L spines and narrowing of thoracic intervertebral spaces.; Patient has had physical therapy, which worsened pain and treatment with NSAIDS, which did not resolve pain. He also saw a chiropractor for adjustments, which did not resolve symptoms. His symptoms are worsening. He now has 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
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 MULTIPLE VISITS TO A CHIROPRACTOR. THE CHIROPRACTOR STATES PATIENT HAS A BULGING DISC.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APROXIMATELY 11/12/18; There has been treatment or conservative therapy.; SEVERE LOW BACK PAIN; CHIROPRACTOR VISITS X13; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 has had treatment with inflammatory drugs, Chiropractic treatments, home exercises, cortisone injections, tried ice packs. Patient is still having pain in this area that she states has gotten worse.; 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 is not responding to conservative treatment and pain is not getting any better. Pain and headaches are interfering with daily life.; This study is being ordered for a neurological disorder.; Patient has neck pain that started over 6 weeks ago and starts in her neck and down into her back and radiates to her head causing headaches. Patient has been to chiropractor, using NSAIDS, and pain medicines to help with pain with no relief. Patient ha; There has been treatment or conservative therapy.; Pain in neck and back on flexion and extension. Pain starts in upper back and radiates up into her neck and causes severe headaches.; Patient was referred to PT in August for pain with no relief. Patient has used NSAIDS during this time and has been to chiropractor with no relief. Patient has also used pain medicine that has not helped.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 seen in the clinic with concerns of "neck and back pain." She was seen in the ER regarding these concerns on 11/25/18 and they felt her complaints were likely musculoskeletal in nature and she was instructed to follow up here. Patient states 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Plain film of lumbar spine showed some mild loss of the natural lordotic curve overall retention of vertebral body and disc Height, Little narrowing at L1 and L2. Mass of Lower spine consistent with a cyst, the Neuropathy has worsened in just a few day; This study is being ordered for a neurological disorder.; 9-3-2018 Radiculopathy of both lower limbs Has family history of MS, Patient has had constant numbness in both legs, Lumbar MRI of Spine w/o Contrast dated 9-24-2018 shows If patients problems worsen suggested MRI of C spine and Thoracic spine with c; There has been treatment or conservative therapy.; 3 weeks of lower extremity numbness that initially started in the Right lower extremity, extending from the upper thigh to the knee, this quickly involved the entire right lower extremity from buttock down to the toes within a few days, It started migrati; Prednisone dosepak Medrol Pak 4 MG tablet and further evaluation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	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.; 5/22/2018; There has been treatment or conservative therapy.; back pain, cervical radiculopathy, kyphosis; medication; 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

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.	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 trauma or acute injury within 72 hours.; Injury of thoracic spine; 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.; 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
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; The study is being ordered due to trauma or acute injury within 72 hours.; &lt;Enter Additional Clinical Information&gt;	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; The study is being ordered due to trauma or acute injury within 72 hours.; Back: limited ROM due to thoracic and lumbar 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	This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits.;" The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; &lt;Enter Additional Clinical Information&gt;	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.; The patient is experiencing or presenting symptoms of abnormal gait.	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 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.; Pain approximately T10 to right Paraspinous, mass medial right scapula, MRI request to include thoracic spine and area of mass	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 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.; lower left 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 recent evidence of a thoracic 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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	74176 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 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.; 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	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.; 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	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.; 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

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	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.; 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	11
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.; 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.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; exertion movement in general walking that include parathesia in 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; hips 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower extremity's.; The patient does not have new signs or symptoms of 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Painful movement; The patient does not have new signs or symptoms of 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; TYLENOL 3	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/20/18; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; scoliosis; It is not known if there has been any treatment or conservative therapy.; scoliosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; mbr pain in back and 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; 1; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; Xrays, meds, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication and rest and pain management and PT in the past; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/3/2018; There has not been any treatment or conservative therapy.; motorcycle accident; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/25/18; There has been treatment or conservative therapy.; PAIN, NUMBESS, FATIGUE, 6WKS 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10 YEARS AGO; There has been treatment or conservative therapy.; NUMBNESS IN LOWER EXT, TINGLING; PT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/4/2018; There has been treatment or conservative therapy.; Neck pain, numbness tingling in arms, sciatic pain on right side; Chiropractor, steroids, and muscle relaxers, heat/or 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/8/13; It is not known if there has been any treatment or conservative therapy.; R SGOULD 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/15/18; There has been treatment or conservative therapy.; low 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/25/18; It is not known if there has been any treatment or conservative therapy.; PAIN, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 04/05/2018; There has been treatment or conservative therapy.; Bilateral back pain, ongoing for several years; Medication, HEP, 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	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	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.; It is not known if the patient has 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.; 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	; The study 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	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.	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.; Acute or Chronic 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
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	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.; 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
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 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.; Neurontin, Naprosyn, Tylenol with codeine	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.; 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	; 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	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.; Patient reports weakness with ambulation. worse with stairs.; The patient does not have new signs or symptoms of 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.; The patient has acute or chronic back pain.; The patient has none of the above	25
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.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	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.; 07/17/2018; There has not been any treatment or conservative therapy.; Pain in right hip, back pain, nephropathy right 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/05/2018; There has been treatment or conservative therapy.; Neck pain. Low 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
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.; 2017; There has been treatment or conservative therapy.; 10mm pulmonary nodule; cervical spine pain; lumbar spine pain; Naproxen, Tylenol, 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	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 headaches with extensive pain behind the eyes; There has been treatment or conservative therapy.; headaches; pain behind eyes; patient has been taking otc medication to help with headaches with no 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

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.; 07/20/2018; There has been treatment or conservative therapy.; radiating pain; home excersise, otc meds, icy hot, 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	09/25/2018 Still having neuropathy pain. he is also still having back pain when lifting and going from kneeling to standing. it is now starting to affect his ability to work&#x0D; 08/16/2018 Low back pain Diabetic polyneuropathy Other specified diabetes mellit; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; meloxicam 15 MG&#x0D; DICOFENAC SODIUM 75 MG	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	5. Low back pain -&#x0D; symptoms have persisted since MVA in lower lumbar spine. NO imaging of lower spine done post MVA. Given neurological symptoms will order MRI.&#x0D; &#x0D; MS4.5: Low back pain&#x0D; MRI, LUMBAR SPINE, W/O CONTRAST&#x0D; &#x0D; 6. Solitary nodule of lung&#x0D; R91.1; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Acute low back pain with left sided sciatica. Worsening radiculopathy. Pt has had no relief with muscle relaxers, anti-inflammatories, and has received a toradol shot for pain which done nothing. Xray showed some scoliosis and degenerative disc disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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	After being under care of pain management clinic and taking opioids and narcotics, patient wishes to no longer take medication and wishes to seek surgical options.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; Methocarbamol 750mg &#x0D; Methylprednisone 4mg (dosepack)&#x0D; Cyclobenzaprine 10mg&#x0D; Gabapentin 300mg &#x0D; Hydrocodone/Acetaminophen 7.5mg/325mg	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 ( chronic; recurrent ) and limb pain ( left leg pain, weakness, gait: affected by a limp and 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 tingling and numbness bilateral.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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	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	CHRONIC BACK PAIN, NEUROLOGICAL: Positive for paresthesia ( bilateral 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	chronic low back pain, saw specialist in 2013 who recommended surgery but pt declined. now worsening pain radiating to legs and foot, numbness and tingling in legs and feet. interferes w/sleep and work; The study 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	chronic pain - see 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.; 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	Chronic pain due to trauma; The study requested 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 due to trauma; The patient does not have new signs or symptoms of 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 pain, sciatica right side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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	constant 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	continued back pain for over six months without relief from 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CT showed Spinal stenosis at T11-T12 with MRI to further evaluate; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-19-18; There has not been any treatment or conservative therapy.; The pain radiates to the abdomen. She characterizes it as constant, dull, and aching. This is an acute episode with no prior history of back pain. She states that the current episode of pain started 3 days ago. This occurred at home. She denies any 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	74176 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.; 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 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	Disapproval	74176 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.; 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	Disapproval	74176 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 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.; It is not known if a pelvic exam was 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	This is a request for an abdomen-pelvis CT combination.; This study is being 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	57
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	8
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	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 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Decreased range of motion, ICD-10 m06.9 for RA; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have 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.; Duration of home treatment is couple of years on and off because of arthritis. Home exercise program at home and PT a few years back.; meoxican, mathottrexape, Cymbalta, slxeral.	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	degeneration of lumbar intervertebral disc; 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	Doctor is trying to evaluate for multiple sclerosis; This study is being ordered for a neurological disorder.; 10/11/2018; It is not known if there has been any treatment or conservative therapy.; Bilateral leg weakness evaluate for multiple sclerosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	EMG neg xray abn; 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	fell on concrete during heavy rain. Pt was placed on cylobenzaprine and sent to physical therapy. After therapy pt now having bilateral sciatica and severe pain that is preventing her from being able to leave couch. 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	General appearance: normal and in no acute distress but looks uncomfortable because of pain pain with getting up out of chair and with flexion and extension of back, she has had nerve blocks in back and spinal injections in the past.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has 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	GENERAL: well developed, well nourished, in no apparent distress LOW BACK examination: Inspection: lumbar scoliosis; &#x0D; Palpation: lumbar L3-L4, L4-L5, and L5-S1 spinous interspace and bilateral lumbar paraspinoius muscle and bilateral sciatic area tenderne; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mrs. Beckwith presents with low back pain. The location is primarily in the lumbar spine. The pain radiates to the left anterior thigh. She characterizes it as constant and severe. This is a chronic problem, with essentially constant pain. The event ; The patient does not have new signs or symptoms of 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	Had this study done over a year ago. In order for referring doctor to see her these studies need to be performed again.; This study is 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 20, 2017; There has been treatment or conservative therapy.; Pain rating of 8 to 9 on neck and 8 to 9 on back, and constant pain.; Patient has been put on medication, it's not helping.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 doesn't feel like anything he does relaxes him. He can't do his hobbies that he likes to do. He is unable to lift much. He hates to even walk due to his low back pain. He is unable to stand up straight without his back hurting. He says he can sit for 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	he has an abnormal x ray; The study requested 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 weak and his legs are giving out on h l'm; The patient does not have new signs or symptoms of 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 / Dx: M54.5 Acute bilateral low back pain without sciatica &#x0D; History / Dx: M51.36 Discogenic low back pain&#x0D; History / Dx: R30.0 Dysuria&#x0D; &#x0D; Duration of Symptoms: Start: 09/05/2018 &#x0D; &#x0D; Physical Exam Findings: abdominal pain, abdominal 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	hx surgery of lumbar region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; stiffness, leg pain, numbness in legs and weakness, neck stiffness, headache's, neck paralysis; heat and cold packs, home exercises given by doctor since 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 legs; pain goes to the back of the knees &#x0D; Quality: sharp&#x0D; Severity: pain level 5/10; moderate (5-7); interference with sleep; interference with work; worse with walking&#x0D; Lumbar Spine: Inspection no kyphosis, scol; The study 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	Location: lumbar; sacral; pain radiating to the buttocks; pain radiating to the legs; pain radiating to the ankle; radiates bilaterally with scatic nevre pain &#x0D; right foot has burning and numb sensation, has a feeling that she has stepped in something col; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 0924/2018; There has been treatment or conservative therapy.; numbness, tingling, popping/clicking, buckling, instability, and radiation down leg&#x0D; numbness of the arms, tingling of the arms, pain in the arms, and weakness of the arms; PHYSICAL THERAPY AND MEDICATIONS , 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
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; low back pain that radiates down the bilateral leg that is much worse on the left than the right &#x0D; Quality: sharp&#x0D; Severity: moderate (5-7)&#x0D; Duration: acute &#x0D; Onset/Timing: 10-12days ago &#x0D; Context: overuse; symptoms s; 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 that radiates down to legs&#x0D; weakness in legs; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM and stiffness; The patient does not have new signs or symptoms of 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	Low back pain with pain radiating down right thigh; Numbness in Right lower thigh; 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 with 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain x 1 month&#x0D; Worse with going from sitting to standing position&#x0D; Left leg numbness, on and off&#x0D; The pain/numbness started after falling while playing volleyball; 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, herniated lumbar disc, and neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/06/18; There has not been any treatment or conservative therapy.; low back pain 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

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 radicular component; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar radiculopathy, Pain radiating down Rt. Leg X 1 WEEK, GIVEN GABAPENTIN 11/15/18; 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 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	lumbar surgery in 2014; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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	Meds taken; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower extremity weakness; The patient does not have new signs or symptoms of 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	Member has had chiro care.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30/2018; There has been treatment or conservative therapy.; Neck and back pain, numbness and tingling down left leg; 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	MRI is needed for neurosurgery evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Bilateral radiating back pain and numbness to the buttocks and bilateral calves. Radiating pain and muscle spasms; Describe treatment / conservative therapy here - or Type In Unknown If No &#x0D; &#x0D; Physical Therapy, Spinal Injections, OTC medication, NSAIDs, and Narcotic 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	MRI that showed a bulged, NSAIDs and volume, 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	MRI'S SHOWED SPONDYLOSIS / FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEVERAL YEARS AGO; There has been treatment or conservative therapy.; BACK PAIN; OTC MEDS 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
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 RADIATING DOWN RIGH LEG. ABNORMAL XRAYS.; 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	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	No clinicals available; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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
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; The study requested is 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	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.; 11/05/2018; There has been treatment or conservative therapy.; 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	None; This study is being ordered for trauma or injury.; 01/2017; There has been treatment or conservative therapy.; Neck pain radiating down left arm back pain S/P disc injury; NSAIDS steroid pack 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
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 is new symptoms.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and tingling going down leg and thigh. Chronic pain that has not been treated., The patient does not have new signs or symptoms of 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 and tingling radiating in both legs; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; 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	numbness of feet and legs with tingling, rt leg goes numb 4 times a day; 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 in both legs and thighs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain on off 18 months , lower left extremity numbness, steroids, muscle relaxes with no success; 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 radiating down lower right 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	Pain radiating to right calf and left foot. Pain in middle of back.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased mobility, foot numbness and legs tingling; 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	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 came in today with 1-2 month history of gradually worsening low back pain and numbness in his left 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	Patient complains of low back pain. Reason for visit: Pain. This is a follow-up visit. His symptoms are unchanged since last visit. The discomfort is most prominent in the mid lumbar spine. This radiates to the right posterior thigh. He characterizes; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 5/22/18 - Ibuprofen 600mg Tablet Take 1 tablet(s) by mouth q 4 to 6 hr prn #90 (Ninety) tablet(s) Refills: 0 &#x0D; Carisoprodol 350mg Tablet take 1 tab at bedtime daily #30 (Thirty) tablet(s) Refills: 0 INJECTIONS ordered today; Steroids depomedrol 80mg	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 complaint of soreness in lower back going on for the past week. Patient had surgery as a child to address diastematomyelia, soreness is at site of scar from this procedure. Patient has noted that since back has been bothering him and has been look; 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 on 10/10/17 and it showed Bulging disc L3-L4. She is having acute significant pain with no known recent injury. The doctor would like to get another MRI to see if there have been any changes in her spine since the last 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	Patient had fallen out of tree stand a week ago. Has taken meds and rest but 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
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 pain with radiculopathy and numbness in both feet; 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 on steroids over the course of the past 3 months, NSAIDS, pain medications and muscle relaxers with no relief. The last x-ray that was taken in the office in July was normal. The last MRI that was done on the patient showed tears at L3-L5; 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 bilateral neck point tenderness. Low back pain with paralumbar spasms. Painful ROM with neck movement.; This study is being ordered for trauma or injury.; May 15,2018 was having surgery June 6,2018. Then seen in office on 8/27/20148, 10/24/2018, and 11/14/2018; There has been treatment or conservative therapy.; Pain in stiffness in neck, numbness to UE and LE bilaterally, Back spasms, limited ROM, unable to stand.; Patient has had cervical fusion, physical therapy. Worn back braces, been on pain medications, and received injections with no improvement. Symptoms are worsening. Patient can hardly stand, very unstable and in obvious amounts of 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 has chronic, worsening pain with neurological symptoms that are not resolved with conservative therapy and xrays indicated abnormal spine.; This study is being ordered for trauma or injury.; A few years ago - MVA.; There has been treatment or conservative therapy.; Neck pain, mid and low back pain with numbness in his hands and feet. Xrays showed scoliosis in the T & L spines and narrowing of thoracic intervertebral spaces.; Patient has had physical therapy, which worsened pain and treatment with NSAIDS, which did not resolve pain. He also saw a chiropractor for adjustments, which did not resolve symptoms. His symptoms are worsening. He now has 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
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 disk bolge in I4 and I5 and has levocurvature; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower left thigh, 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	Patient has had previous MRI scan to back in 2009 that shows Mild diffuse posterior disc bulges at the L4-5 and L5-S1 levels without evidence of central canal or neural foraminal narrowing. Mild degenerative facet disease most prominent at the L4-5 and L5; 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	Patient has lumbar radicular symptoms on both sides and signs on the left, the plain film showing DDD and facet arthropathy.; The study 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 has neck pain that radiates into shoulder. + numbness. Pain started 2-3 months ago. No known injury. Has been doing home exercises and taking NSAIDS without relief. &#x0D; &#x0D; Patient has back pain that has been worse over 6-8 weeks. Has known annular te; 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 prior back surgery and continues to have ongoing 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 a 51 yo WF who comes to the clinic today due to continued back pain. She has tried the stretches and exercises that I gave her. She has been taking meloxicam and roxiban without any reported relief. We performed an x-ray that did not show any 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	patient is falling all of the time ,pain shooting down both legs , his leg will go numb which causes him to fall!; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	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 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 low back pain with weakness and numbness in left leg that radiates all the way down into left foot making it difficult to walk or sit. Patient has completed physical therapy and it made his pain worse and has been taking ibuprofen on a 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.;	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	There is weakness.; Weakness and numbness in left leg that goes all the way down into left foot.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	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 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	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 numbness, and grinding feeling in right leg and lower back; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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 patient has 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 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 is having right lateral hip pain for several months, with use of ibuprofen and heat, and no relief.;	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.;	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 does NOT have acute or chronic back pain.;	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 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	Patient is in obvious distress with presenting symptoms of numbness and pain in all extremities. Needs diagnostic imaging to see what is going on with patient.;	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.;	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	Cervical pain a few months. Low back pain a few days; There has been treatment or conservative therapy.;	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	Sever pain in neck associated with numbness in bilateral arms and hands. Severe pain in lower back. Shooting pain. Bilateral lower extremity numbness; Patient has had c spine surgery.;	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 NOT 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	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 seen an Ortho. specialist . Pain is shooting. He has numbness and tingling. he is using ice for his back; The study requested is a Lumbar Spine 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	Acute or Chronic back pain; The patient does not have new or changing neurologic signs or 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 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 patient has 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 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	The patient has not completed 6 weeks of physical therapy?;	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 been treated with medication.;	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 was treated with oral analgesics.;	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 not completed 6 weeks or more of Chiropractic care.;	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	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	PATIENT'S BACK PAIN IS WORSE.;	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.;	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 does NOT have acute or chronic back pain.;	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 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	Postlaminectomy syndrome, not elsewhere classified; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.;	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	Postlaminectomy syndrome, not elsewhere classified; surgery; One of the studies being ordered is NOT 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	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	Previous history of 30 foot fall while in military. No imaging reported.;	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.;	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 acute or chronic back pain.;	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 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 experienced acute low back pain with radiculopathy. Failed conservative treatment heat, ice steroids, muscle relaxer anti-inflammatory.;	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.;	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	Acute or Chronic back pain; The patient does have new or changing neurologic signs or 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	There is no weakness or reflex abnormality.;	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 does not have new signs or symptoms of bladder or bowel dysfunction.;	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 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	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 had a significant fall on 11/13/2018. His xray was negative. However, he has a past history of steroid use for asthma and his pain is worsening with conservative therapy of anti inflammatory medication and home exercise;	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.;	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 acute or chronic back pain.;	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 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 AN ATV WRECK BACK IN 03/2018. pt is still having back pain from the wreck. He has been prescribed pain med for his discomfort. A MRI was ordered back in March/April but no results in chart not sure if pt had MRI. Also at time of wreck of ATV he did; 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 acute 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
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 been having bad back lumbar pain as well as numbness and tingling going down her 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	pt has been having leg numbness, pain in back shoots down to his right leg, unsteady gait; 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 had xrays and been to PT with no improvement to the pain on the right hip and lower back area; 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 suffers with chronic issues; 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 WAS SEEN 8/2018 FOR BACK PAIN AFTER AN MVA, IS NOT ANY BETTER SINCE THEN, HAS BEEN DOING HOME STRETCHES AND LIDOCAINE PATCHES WITHOUT RELIEF; 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.; PT WAS SEEN 8/2018 FOR BACK PAIN AFTER AN MVA, IS NOT ANY BETTER SINCE THEN, HAS BEEN DOING HOME STRETCHES AND LIDOCAINE PATCHES WITHOUT RELIEF	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 been hurting for the last few weeks and has DX: Lumbar Radiculopathy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiculopathy and pain in right lumbar region that is radiating; 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	S32.009S; 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.; 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	See Clinical documents.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	seen in er over the past weekend with worsening back pain. seen in our office on 09/10/18 for back pain. pt ordered. pt did not go. nsoids and steroids 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
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 lower back pain that radiates around to her pelvis. back pain has progressed in the last month; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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; This study is 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 yrs ago; There has been treatment or conservative therapy.; H/A Right UE parathesia neck pain back pain dizziness; Rx medication 6 weeks of 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	She has a dx of chronic pain low back She suffers chronic low back pain for several years. Reports she has had some issues since MVA around age 13 and worse issues since she was beaten about 2 years ago. Thinks she had xrays and may have had CT after the ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Tenderness, spurring; The study 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	The lumbar/lumbosacral spine exhibited abnormalities on palpation, muscle spasms, flexion was abnormal, extension was abnormal, rotation to the left was abnormal, rotation to the right was abnormal, lateral flexion to the left was abnormal, lateral flexio; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	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 AN ABNORMAL LUMBAR SPINE XRAY THAT SHOWS BERTELOTTI SYNDROME; 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 patient is needing an MRI prior to going to see Neurosurgeon Patient has degeneration of lumbar intervertebral disc&#x0D; Also&#x0D; Sending for physical therapy referral; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; Meloxicam 15mg	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.; 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 completed 6 weeks or more of Chiropractic care.	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.; 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
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	20
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tingling in to the thigh 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 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	trama; 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	u/k; The study requested is 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	unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then 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	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.; It is not know if the patient has 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	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.; left leg 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	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.; Painful movement; The patient does not have new signs or symptoms of 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.; Weakness to the L foot, radicular pain to the foot, positive 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	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness when walking and severe pain when walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient performed home exercises with no relief from pain.	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.; 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	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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	unknown; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; lumbar and cervical tenderness, pain that radiates, hydrocodone is not helping anymore; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 08/01/2018; There has not been any treatment or conservative therapy.; pain in both hips, radiculopathy , 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/2018; There has been treatment or conservative therapy.; Pt suffers with low back pain, can't bend or stretch. Sharp pain, stabbing...no comfort.; Pt went to PT for one week but couldn't complete, too painful.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 9/27/2018; There has not been any treatment or conservative therapy.; Neck pain and LBP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; Oct. 2018; It is not known if there has been any treatment or conservative therapy.; back pain, bowel/bladder 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
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.; Unknown; There has not been any treatment or conservative therapy.; THIS IS A CERTIFIED NURSE ASSISTANT WHO IS EXPERIENCING CHRONIC RIGHT KNEE JOINTS WITH LONG STANDING HISTORY OF LIFTING AND PULL BED RIDDEN PATIENT NOW WITH PROGRESSING KNEE JOINT PAIN DUE TO STRAIN AND SPRAIN KNEE JOINT ACTIVITIES. 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	WEAKNESS; This study is being ordered for a neurological disorder.; 06/01/2017; There has been treatment or conservative therapy.; PAIN RADIATES TO LEG AND ARMS NUMBNESS; 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	Will FAX; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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	74176 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	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.; It is not known if a rectal exam was 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.; 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	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 NOT performed.; Yes this is a request for a Diagnostic CT	50
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	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 abnormal.; Yes this is a request for a Diagnostic CT	13
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	6
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 had an endoscopy.; The endoscopy was normal.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; low back pain ...pelvic pain; home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal US kidney and Abnormal CT abdomen with cystic lesion; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	enlarged lymph nodes in groin and leg; 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
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	possible cancer abnormal xray; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	seen by neurologist pain of lower extremities. MYELOPATHY; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2018; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/25/18; There has been treatment or conservative therapy.; PAIN, NUMBESS, FATIGUE; 6WKS 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	74176 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 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	Disapproval	74176 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 had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; 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 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
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	1

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	2
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 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2018; There has not been any treatment or conservative therapy.; unintentional weight loss, fatigue, abnormal labs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/13/18; There has not been any treatment or conservative therapy.; LOW E T WESAKNESS AND PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	I will fax records in for review; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; tenderness (bilateral lumbar tenderness, pain with ambulation and weight bearing); slow to rise from sitting position&#x0D; &#x0D; Patient has lots of hip pain and it keeps popping in and out of place; There has been treatment or conservative therapy.; pain in hip and lower back- hip popping out of place; Patient states she has seen chiropractor 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Incidental 7 mm lesion within the body of the pancreas. Not optimally&#x0D; defined on this study. Nonemergent further characterization of this&#x0D; lesion with MRI pre and post contrast, MRCP, is recommended.; 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	patient has back pain with radiculopathy and numbness in both feet; 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 Inflammatory/ Infectious Disease.; about 3 months ago; There has been treatment or conservative therapy.; abdominal pain, pelvic pain, hematuria; Ibuprofen and Tylenol show 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	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.; 4/26/2018; There has been treatment or conservative therapy.; back pain, right lower spine mainly, Physical therapy made condition worse; physical therapy, ice/heat packs, nsaid, muscle relaxers, 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
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-19-18 for the MRI/ Neck pain&#x0D; &#x0D; 11-13-18 for the CT/ Hematuria and abdominal pain; There has been treatment or conservative therapy.; Blood in urine for the CT and Neck and back pain w/ radiculopathy for the MRI; Patient has tried Levaquin 500mg&#x0D; flomax, tramadol all with no improvements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; 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
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2018; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; about 3 months ago; There has been treatment or conservative therapy.; abdominal pain, pelvic pain, hematuria; Ibuprofen and Tylenol show 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	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.	1
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Risk for CAD and history of hypertension.; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	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.	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	There is no "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; No, there is no Chronic Chest Pain.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	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.; This study is being ordered for known coronary disease.;	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	; 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	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	patient presents to clinic with low back pain with radiculopathy into bilateral hips and thighs, numbness, burning in bilateral hips and thighs. does have discoloration of bilateral lower extremities on exam. Pain and aching in hips and thighs seems to ; This study is being ordered for a neurological disorder ; patient presented to clinic on 10/30/2018 with low back pain with radiculopathy. Has had low back pain, radiculopathy, numbness/burning in low back and thighs for years, has worsened over past 3 weeks.; There has been treatment or conservative therapy.; low back pain, radiculopathy into bilateral hip/thighs, numbness/burning in low back, bilateral hips, thighs. does have discoloration in lower extremities on exam.; Heating pad, ns aids, ice packs, stretches provided in clinic to 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
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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/23/2018; There has been treatment or conservative therapy.; Unknown; medication for blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 trauma or injury.; 08/13/2018; There has not been any treatment or conservative therapy.; left 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	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.	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	3
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/9/2018; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is 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 improvement, going on for almost a year, normal xrays; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 6 months; There has been treatment or conservative therapy.; limited motion and pain with weaknes sr/o tear; exercises 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	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.	4

General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	; Requestor has decided to proceed with the unlisted code.	1
General/Family Practice	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	patient is needing an MRI of sacrum/coccyx.; Requestor has decided to proceed with the unlisted code.	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 for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.; The patient is not post-menopausal or estrogen deficient.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
General/Family Practice	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 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	; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/8/13; It is not known if there has been any treatment or conservative therapy.; R SHOULD 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	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 a neurological disorder.; 07/24/18; There has been treatment or conservative therapy.; neck pain numbness down arms pain in both shoulders getting worse hx of rotator cuff tears unable to lift arms over head; pt steroid shots meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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 Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 2015; There has been treatment or conservative therapy.; Patient was sent to Orthopedic and possible Rotator cuff issues. Orthopedic wants MRI of Bilateral shoulders; 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	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	Acute shoulder pain; no reported injury. Prior tx included rest, PT, limited activity level. Associated symptoms include weakness, tingling, stiffness, radiation of pain into arms, popping and/or catching; parasthesias in upper extremity, parasthesias in ; 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	PT IS A WAITER AT RESTERANT AND LIFTS ALOT OF HEAVY PLATTERS, PAIN IS AGRAVATED Extremity Pain/Injury&#x0D; Reported by patient.&#x0D; Location: right shoulder; restricted range of extremity movement&#x0D; Quality: dull&#x0D; Severity: worsening; interference with sleep; int; 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	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt reports having attempted therapy in the past without success. Pt states there is continued pain in the right shoulder and cervical spine areas. An MRI is requested for further study of those areas.; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	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	52-year-old female with no cardiac history here complaining of chest pain that is pressure-like. Significant risk factors include smoking and age.; 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 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	Cardiovascular: Heart Auscultation: RRR and no murmurs.&#x0D; Mr. Lindsey presents as a new patient in our clinic. He states that he is mainly here today out of concern for his heart. He reports vague discomfort in left upper anterior chest each night recently; 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	Mr Smith is a 57 yr old male who presents for new patient evaluaton. Requests cardiac clearance for rotator cuff repair per Dr Cooper. History of hypertension and sleep apnea. Reports cpap compliance. Denies chest pain, orthopnea, pnd, edema, palpitations; This study is being ordered as a pre-operative evaluation.; The patient had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
General/Family Practice	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	noninvasive called reporting decline in pt ef from last year. stated pt is sched to see darlene next week. &#x0D; &#x0D; tasked darlene to review echo. rapert,n&#x0D; &#x0D; Comments Added By: Robynn D. Rapert Date: 20181203 Time: 2:31 PM&#x0D; &#x0D; &#x0D; Schedule MPI due to decline ; 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	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 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	SHOULDER PAIN DUE TO FALL; 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
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	Shoulder pain for 6 weeks; a limited range of motion with the pain with repeated use; sharp pain is getting worse. Physical therapy which started in 10/18; physical therapy is not helping; experiencing muscle weakness; tenderness on exam.; 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	SHOULDER PAIN SINCE LAST VISIT PAINFUL WHEN TRYING TO SLEEP LAST WEEK RIGHT SHOULDER WAS STRUCK ON DELIVERY TRUCK AND THE AGGREVATED. ICY HOT AND PAIN NOT RESOLVED. PHYSICAL EXAM: MUSCULAR SKELETAL - TENDERNESS.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; 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	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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; . Motor Vehicle Crash and Shoulder Pain&#x0D; HPI&#x0D; MVA on 11/19, He was at a complete stop, when a truck rearended him, followed by another truck, estimated to be going 40-45 MPH. He was taken to an ER in North Arkansas, for left shoulder pain. No fracture pe	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."; He is having decreased range of motion in his left shoulder, tenderness and decreased strength for the past month. Possible rotator cuff injury.	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 had increased chest pain that is relieved with medication.; 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	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 experiencing chest pain associated with shortness of breath. Personal history of diastolic dysfunction and hypersensitive heart disease. Strong family history of CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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 experiencing episodes of chest pain associated with dyspnea on exertion and increased fatigue. History of type 2 diabetes, hypertension and obesity.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
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 had chest pain went to ER was admitted and was told would be having a stress test but no one was scheduled for weekend and therefore pt had to leave without getting this test done, however still needs to be done ASAP; 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	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 went to ER on 11/12/18 for Constant Headache neck pain his GCS 15. Pt was treated for headache and uncontrolled Hypertension. His EKG was done and showed abnormal Sinus Bradycardia ST deviation and Marked T have abnormality consider Lateral Ischemia. ; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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 shoulder pain, left rotator cuff tendinitis since June 2018	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 in arm, pt is unable to lift arm, 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."; Patient had a Right Shoulder X-Ray on 10/04/2018 due to right shoulder pain the X-Ray showed severe loss of the acromial/humeral head interval consistent with rotator cuff pathology	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 injury - approximately 1 week ago pt was on a hover board and jumped off. The board slipped and caused her to fall backwards hitting her right hip and buttocks. She extended her arms trying to catch herself. She has been experiencing wor	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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.; patients first office visit for this was on 7/11/18 and last visit was on 10/08/18. Right shoulder pain with decreased ROM secondary 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.; 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
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.	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	She is having these episodes of chest pain associated with left arm pain. The her becoming more frequent. I am concerned this could be angina. I recommended that she have a Cardiolite stress test. We do not have a cardiologist in our City. She would have ; 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	She was ordered to have a stress test 2 months ago but never went because she wouldn't be able to do the treadmill due to increasing pain in the foot.; 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	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
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	uncontrolled DM Type 1 - HTN - BMI 39.29 - palpitations - abnormal EKG - tachycardia - and ventricular arrhythmia; Taking coreg for last 4 years with no issues - last week started experiencing elevated BP - took HCTZ prn total of three (3) times with no ; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had 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); 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	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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.	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications	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 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	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.; 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
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 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
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	2
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 10-29-2018; It is not known if there has been any treatment or conservative therapy.; Mid sternal chest pain, epi-gastric pain with LUQ pain, SOB with activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	12/04/18 complaints of cough, xray results; 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
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	History of Smoking; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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	Personal Nicotine dependence; 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	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	Incidental 7 mm lesion within the body of the pancreas. Not optimally defined on this study. Nonemergent further characterization of this lesion with MRI pre and post contrast, MRCP, is recommended.; 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	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	ultrasound done 12/12/18 shows hepatic steatosis and multiple gallbladder polyps with the largest one measuring greater than 5mm in size; This study is 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--approx. 11/28/2018; There has not been any treatment or conservative therapy.; This is a new problem. Episode onset: 2 weeks. The problem occurs constantly. The problem has been gradually worsening. Associated symptoms include abdominal pain. Pertinent negatives include no nausea or vomiting.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	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.; MUSCULOSKELETAL: normal gait; grossly normal tone and muscle strength; range of motion: pain with left shoulder flexion, abduction, and external rotation; Crepitus, Tenderness, Effusion: tenderness noted in the in joint; Pain in unspecified shoulder note	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.; patient presents to clinic c/o right shoulder pain for 3 weeks. Pt states she is unable to wear bra straps or lay flat. pt was prescribed an Medrol Dose Pack on 9/11/18 with no relief. Patient is unable to tolerate a shoulder sling. Patient has decreased	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.; Popping 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	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has been having left shoulder pain for 1 year	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.; Right 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	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.; she was told she has a rotator cuff tear in the past. Pain is deep and generalized. Pain occurs with lifting.	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.	4
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.	4
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		TN (trigeminal neuralgia);Sheila Moore, a 65 y.o. female presents with a Chief Complaint of Facial Pain (pt states Lt sided face pain started last night)&#x0D; Presents with c/o sharp sudden pain in L temple area with radiation to L upper jaw that started last; 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
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	1
Geriatrics	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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Clonidine given in office and BP 170/74 and her SOB is resolved now that her BP is improving. &#x0D; Increase losartan to 50 mg po daily and keep BP log and RTC in 1 week with log.&#x0D; Check CXR today.&#x0D; Check ECHO for murmur.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; 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
Geriatrics	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
Geriatrics	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
Geriatrics	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	61 y/o/m comes in today for memory loss. Plant closed down about 3 years ago and both he and wife note worsening since then. States had excellent memory in past. Has trouble with names, still manages own medications, no dangerous behaviors, forgets what he; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Gynecologic Oncology	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
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 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	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow 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; 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.; did not get any better; 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	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; This study is being ordered for trauma or injury.; 09/10/2018; There has been treatment or conservative therapy.; neck and shoulder pain on left side, radiculopathy, was referred to an orthopedists and they are requesting an MRI before her appointment, tenderness; 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
Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material			1
Gynecologic Oncology	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	3
Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			1
Gynecologic Oncology	Approval	73200 Computed tomography, upper extremity; without contrast material			1
Gynecologic Oncology	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	3
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		having recurrent endometrial cancer was in remission and now cancer is back; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 Computed tomography, abdomen and pelvis; without contrast material		Intra-abdominal and pelvic swelling, mass and lump, unspecified site; 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			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; 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

Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	comparison to prior CT for response to therapy abraxane /avastin for OVCA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	comparison to prior CT for response to therapy abraxane /avastin for OVCA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	x-ray recommended additional imaging due to an irregularity of the humeral head. They recommended a MRI; 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	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	; Is this a request for one of the following? MR Angiogram Upper Extremity	1
General/Family Practice	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for an upper extremity MR Angiography.	1
General/Family Practice	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; Pt states it started about 7 weeks ago; There has been treatment or conservative therapy.; Pain; Catching sensation when arm goes past 70 degrees.; Meloxicam, ortho; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/03/2018; There has been treatment or conservative therapy.; neck pain, headaches, pain in left lower extremity; 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	73700 Computed tomography, 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.	2
General/Family Practice	Disapproval	73700 Computed tomography, 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.; patient initial visit 10/30/2018. she was given pain med and steroids. she is not any better and called stating it was getting worse; There has been treatment or conservative therapy.; pain and radiating down leg - tender left lateral hip pain, low back spasm with pain, hip pain when laying down, low back pain worse when walking; pain medication 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	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having acute lower extremity pain; 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	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 no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	2
Gynecologic 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 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	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
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		; 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		Malignant melanoma of skin; 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		reevaluation of 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	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	5
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.	2
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 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
Hematologist/Oncologist	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
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		"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
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 not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	2
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 Leg CT.; 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 study is being ordered for trauma or injury.; 10/14/2018; There has been treatment or conservative therapy.; pain, limited range of motion , cant hardly walk.; 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
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	Yes, this is a request for CT Angiography of the lower extremity.	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	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Patient calling with refractory Achilles pain despite previous physical therapy greater than 6 weeks and anti-inflammatories greater than 6 weeks. He has been consistently performing a home exercise program as well, tried rest and changes in footwear. M; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; It is not known if 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2018; There has not been any treatment or conservative therapy.; pain, cramping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	6
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.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	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.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	; 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.; This study is being ordered for 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	; 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	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	fax clinicals; 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.; This study is being ordered for None of the above; 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	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	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 complaint of pain, coupled with abnormal imaging, and the already prescribed pain meds.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Right hip and knee pain both will abnormal x-ray on 10/05/2018.; Patient is seen by pain management and takes Gabapentin 300mg TID, Hydrocodone-Acetaminophen 5-325mg as needed, Tizanidine 4 mg TID.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Patient had a desk fall on her right foot on x 1 month. Patient is still having foot swelling and pain in foot. She has tried RICE, antiinflamtroxy and still pain and 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
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	Patiet has had foot pain for awhile; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if a biopsy has been completed.	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 a history of a right hiop replacement in 2014 due to Arthritis. Also a long history of arthritis in the knees.; This study is being ordered for Inflammatory/ Infectious Disease.; Off and on for years.; It is not known if there has been any treatment or conservative therapy.; extremely painful knees and hips. Difficulty in Ambulation, bending and performing general task.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Pt has had chronic R knee pain for several months. She has had steroid injections in her knee, in addition to OTC IBU and APAP with no reduction in her 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.; This study is being ordered for 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	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 is having rt ankle pain and instability; 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	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	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 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 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	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.	15
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
Hematologist/Oncologist	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
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		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		diffuse large b cell lymphoma; 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		lymphoma; 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		metastatic skin 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		Other types of follicular lymph, nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		RE-STAGING ENDOMETRIAL 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	70490 Computed tomography, soft tissue neck; without contrast material		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	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	23
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	47
Hematologist/Oncologist	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 size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; 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.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
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 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 Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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	unknown; This study is 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.; Pt suffers with constant pain, aggravated by weight.; Injections and 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/24/2018; 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
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	22
Hematologist/Oncologist	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
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	2
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 trauma or injury of the orbit, face or neck soft tissue	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	1
Hematologist/Oncologist	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

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 a Face MRI.; There is not a history of orbit or face trauma or injury.	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	70544 Magnetic resonance angiography, head; without contrast material(s)		RE-STAGING ENDOMETRIAL 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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.	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 being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Hematologist/Oncologist	Approval	70551 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
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		62-year-old Caucasian gentleman with past medical history significant for hypertension, tobacco smoking, previous history of skin cancer and had surgery from the left forearm about 8 years ago, stage IV metastatic small cell carcinoma of left lower lobe o; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Abel is a 6-year-old male with a posterior fossa pilocytic astrocytoma status post gross total resection now 10 months postresection and has no evidence of recurrent disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; 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		assess syncopal episodes/ history of lymphoma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech 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		c/s last MRI showed abnormal finding, this is follow up request; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		chronic headache disorder; This 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		colon cancer, 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

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		eval of nslc w/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		headache and facial numbness; This 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		Malignant melanoma of skin of trunk, except scrotum; This 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		Malignant neoplasm of upper lobe, left bronchus or lung; This request is for a Brain MRI; The study is 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Metastatic renal cell carcinoma.; This 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		neoplasm of overlapping sites of 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	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.	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.	3
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 Inflammatory/ Infectious Disease.; 04/2017; There has been treatment or conservative therapy.; ; MELOXICAM X 2 MONTHS&#x0D; PT FOR 6 MONTHS &#x0D; &#x0D; OTC DEVICE TO STIMULATE PAINFUL AREA AT BEDTIME &#x0D; &#x0D; FLEXERIL&#x0D; PREDNISONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Contusion of lower back and pelvis, subsequent encounter Pain in right hip Contusion of right hip, initial encounter PT was done - still has pain.; 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	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	I will fax records in for review; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; tenderness (bilateral lumbar tenderness, pain with ambulation and weight bearing); slow to rise from sitting position&#x0D; &#x0D; Patient has lots of hip pain and it keeps popping in and out of place; There has been treatment or conservative therapy.; pain in hip and lower back- hip popping out of place; Patient states she has seen chiropractor 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PT has had xrays and been to PT with no improvement to the pain on the right hip and lower back area.; 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	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.	4
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.	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	Torn gludial muscle; 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	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.; 38 years ago; There has been treatment or conservative therapy.; pain in both hips hat radiates down his leg.; pt, 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
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.; 08/13/2018; There has not been any treatment or conservative therapy.; left 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	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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; 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.; 10/03/2018; There has been treatment or conservative therapy.; abdominal pain, chest pain, cough, elevated white count; Steroid shots, prednisone, 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	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Epigastric down middle of abdomen with constant pain for 3-4 weeks; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has hernia that is palpable to touch.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Surveillance of brain ca; 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		There are 2 exams are being ordered.; One of 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	15

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	17
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; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for a tumor.	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.	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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	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 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
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; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient is experiencing loss of smell.	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
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was punched in the stomach and continues to have 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	Patient with abdominal hernia. &#x0D; New palpable mass hernia. Rule out strangulated abdominal 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
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	previous Ct in the past showed liver lesions that need to be followed and rechecked.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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 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
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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are 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
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 9/21/18; There has not been any treatment or conservative therapy.; limited range of motion, tenderness, distinct bruising of chest and lower abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	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
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 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 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		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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material			7
Hematologist/Oncologist	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	1
Hematologist/Oncologist	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.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	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	19
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	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		cancer 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		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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/07/2018; There has been treatment or conservative therapy.; weight loss bilateral ab pain palpitations, shortness of breath -tremors -bloating and cramping. Blind spots dizziness confusion.; paroxetine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	; 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.; 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	Disapproval	74176 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	acute constipation; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation for 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 acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Gastrointestinal: Positive for abdominal pain. &#x0D; Genitourinary: Positive for pelvic pain. Abdominal: Normal appearance. Bowel sounds are increased. There is generalized 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Chronic lymphocytic leukemia of B-cell type not having achieved remission; "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		colon cancer; 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		colorectal 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		completed chemo, surveillance; 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		enlarged lymphnodes; 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		esophageal 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		eval of nslc w/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		EVAL; 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 treatment response; met gastric 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		f/u on 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	71250 Computed tomography, thorax; without contrast material		Follicular lymphoma grade ii, lymph nodes of head, face, and neck-Stage III; 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		follow up. She has been recovering from lung surgery done to remove right lower lobe lesion on 9/5/2018. Final pathology showed a small metastatic melanoma focus. Two other wedge resections were done and showed benign findings (hyalinized granuloma).; 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		history of 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		Invasive ductal carcinoma of breast, female, right for staging 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		LUNG CANCER; 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	History of ovarian cyst. R/O to see what 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 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	IMPRESSION: Unremarkable ultrasound kidneys and bladder She has had 1.5 years of RLQ pain, suspects a hernia. Pain is in the right lower groin RLQ Pain -- CT abdomen/pelvis w/ contrast ordered to look for mass, colitis or 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	KIDNEY STONE PROTOCOL FOR CT ABD AND PELVIS. &#x0D; TENDERNESS IN LLQ&#x0D; ABNORMAL UA; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Left lower quadrant 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MBR has had 40 lbs weight loss, chronic cough longer than 2 months, loss of appetite; 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 complains of abdominal pain, unspecified. This is located primarily in the left upper quadrant, left lower quadrant, and left flank. It does not radiate. It began 1 month ago. She characterizes it as aching, cramping, and sharp. It is of seve; This is 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	Patient has had right, lower abdominal pain for the last 3 weeks with not cessation. She is needing to get a CT scan to rule out a 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o lower back pain and not feeling well. Pt c/o headache, nausea, and cramping across bladder. Pt has hx of bladder mesh and wondering if it is causing her problems. Bladder mesh was placed in 2013 in Iowa.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	pt is having unintentional weight loss and night sweats.; 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	Right lower quadrant abdominal swelling, mass and lump. Dermatomyostis, Multiple skin nodules.; 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	Right lower quadrant pain&#x0D; HISTORY OF RIGHT INGUINAL HERNIA REPAIR WITH MESH 2010; This is a request for 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	see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/18; It is not known if there has been any treatment or conservative therapy.; adenopathy with longstanding hypoproteinemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	She has had plain films without any explanation. Extreme pain at times. Her other conditions make this a more urgent request due to possible problems.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/15/2018; There has been treatment or conservative therapy.; Diffuse abd pain. Unbearable at times. Plain films were unremarkable. She has PCOS, POTS, Ehlers Danlos syndrome.; Pt has tried medications, had imaging, and rest. Without relief. Her unlying medical conditions make this more of a risk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Sudden onset of constipation and change in bowel habits in patient who refuses to have colonoscopy done.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of overlapping sites of right bronchus and 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 right main bronchus; 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	Neoplasm: breast, rx monitor or f/u; 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.; 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 beign 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	'None of the above' describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cnacer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	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 beign 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	'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	3
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; '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 suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This is a request for a Chest CT.; 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 ; 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.; '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
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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	13
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 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Oth types of folliclar lymph, nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	patient has 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	Patient newly diagnosed breast cancers with extremely dense breasts on mammogram needing 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	pulmonary nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Restaging Breast Cancer with HX of Spleen/Renal Nodules; 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 COLON CANCER DURING ONGOING 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	RE-STAGING ENDOMETRIAL 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 of CLL; 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 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 of Lung Cancer with Bone Mets.; 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.	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.; 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	Disapproval	74176 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	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 abnormal.; The urinalysis was positive for protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
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.; 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	Disapproval	74176 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
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 a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	19
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Scans are needed for restaging and surveillance; 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		See Clinic Notes; 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		STAGE IIB ER POSITIVE, PR NEGATIVE, HER2 NEGATIVE BREAST CA, SUBSEQUENT RECURRENCE TO THE MEDIASTINUM AND METASTASIS TO THE LIVER AND BRAIN. DR WANING CT AND MRI TO EVALUATE FOR PREVIOUS RESPONSE TO AFINITOR BEFORE STARTING TEMSIROLIMUS.; 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		SURVEILLANCE OF LYMPHADENOPATHY.; 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 3 exams are being ordered.; One of 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	118
Hematologist/Oncologist	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 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
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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			1

Hematologist/Oncologist	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
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	5
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	13
Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material		Mva, pleural effusion, bone fracture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	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
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Surveillance of brain ca; 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.; The study is being ordered due to trauma or acute injury within 72 hours.;	1
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	7
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	27
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		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 Neurological deficit(s)	1
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		L 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
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		Patient come to clinic for abdominal pain, nausea and vomiting for 4 days. Patient also complained of not having a period since her miscarriage back in April; 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	Disapproval	74176 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	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.; 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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 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	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.; 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	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.; 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	34
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
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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Newly diagnosed rectal cancer, MRI to help determine if surgery is an option to help treat disease.; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		symptomatic hip pain.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Hematologist/Oncologist	Approval	72196 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	7
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?	15
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	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		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.	2
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	27
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	9
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 for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Hematologist/Oncologist	Approval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)		Venous malformation swelling pain; Is this a request for one of the following? MR Angiogram Upper Extremity	1
Hematologist/Oncologist	Approval	73700 Computed tomography, 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	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 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 not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; 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		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	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		painful hip lesion / femoral hip; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material			1

Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	Eye ca choroidal melanoma; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or 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
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	Follow-up visit for thrombocytopenia. .; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	PT HAVING ELEVATED LFT'S AND ABDOMINAL PAIN.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	Scans are needed for restaging and surveillance; 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	74150 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	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 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.	9
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	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Assess for disease 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	cancer 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	Chronic lymphocytic leukemia of B-cell type not having achieved remission; 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	COLON CANCER; 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	colorectal 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		DLBCL, restaging 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		Elevated carcinoembryonic antigen; 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		enlarged lymphnodes; 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		EVAL; 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 treatment response; 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		Follicular lymphoma grade ii, lymph nodes of head, face, and neck-Stage III; 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. She has been recovering from lung surgery done to remove right lower lobe lesion on 9/5/2018. Final pathology showed a small metastatic melanoma focus. Two other wedge resections were done and showed benign findings (hyalinized granuloma).; 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 and treatment of her colon cancer, stage IV recurrent 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		lymphoma; 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 cervix uteri, unspecified; 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.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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		Malignant neoplasm of lower third of esophagus; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 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	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 infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 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.; 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	Disapproval	74176 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.; 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.; 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	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.; This study is being requested for abdominal and/or pelvic pain.; The study 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.; It is unknown if the patient 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 male.; It is not known if a rectal 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	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had 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	weakening of abdominal wall muscle RLQ on exam; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; 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
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt has mass in RLQ. Severe pain. Needs evaluation by MRI.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; CT scan does continue to show small spots on the liver	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.; legs swells, left knee pain, 3 c sections, protrusion that is hard at the top of the stomach, abdominal pain.	1
General/Family Practice	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	2
General/Family Practice	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	1
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a CT scan for evaluation of coronary calcification.	2
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	none; 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	chest pain with exercise; This is a request for CTA Coronary Arteries.; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
General/Family Practice	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); Patients plain films showed vascular calcifications&#xOD; Patient has stage 2 chronic kidney disease. &#xOD; Hemoglobin A1C 4.5 - 7.0 % 9.8 Abnormally high	1
General/Family Practice	Disapproval	76380 Computed tomography, limited or localized follow-up study	Radiology Services Denied Not Medically Necessary	Abnormal ultrasound, abdominal pain; Limited or Follow up other than Sinus CT; Urogram/Kidneys/Ureters/Bladder	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 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	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	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	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	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.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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 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
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.	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	1. CAD s/p remote PCI RCA. Most recent cardiac cath 1/20/17 revealed nonobstructive CAD. Maintained on ASA and Plavix. reports chest pressure with associated palpitations, diaphoresis, fatigue. &#x0D; 2. Hypertension. Well controlled.&#x0D; 3. Hyperlipidemia. Maint; 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);. 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	Chest pains that have been ongoing for several weeks now. sister passed from MI and coronary rupture.; 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 UnKON SAT. I STARTED FEELING SOME SOB @ THE GYM AND THEN WORSE WHEN I GOT HOME W/ DIZZINESS & BLURRY VISION IN L EYE - WENT TO WAD ER & BP WAS AROUND 150/100 -- WAS GIVEN LISINAPRIL. I TOOK ONE AND IT MADE ME FEEL BAD SO I Q; 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	History COPD, Abnormal liver function test, diabetic.; 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	light headed, shortness of breath dizziness,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
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	None; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient 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	none; This is a request 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	Normal LV size &#x0D; Normal visualized wall motion &#x0D; The Ejection Fraction estimate is 60-65% .&#x0D; No ECG evidence of myocardial ischemia with stress. &#x0D; All segments augment well at peak rate, but the target rate was not &#x0D; reached, with a peak rate of onl; 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 presented to ED with complaint of chest pain that radiates to back and left shoulder, nausea, shortness of breath and visual disturbance. Abnormal EKG and elevated D-Dimer; 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 tried to do the sTress Echo in Doctors office and could not proceed with it due to bad readings.; This is a request 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	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 been in the ER with shortness of breath, palpitations, chest tightness. Saw her PCP for the same complaints in the last 3 months and it is getting worse. 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 not know	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 heart rate in the 120-140's and can't walk on treadmill due to heart rate issues.; 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); 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	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 30 year old female presents for hypertension, chest pain, sob and dizziness.&#x0D; Ms Sanders is a 30 yr old female who presents for return visit. History of hypertension, morbid obesity, and asthma. Reports one month history of chest pain with radiation ; 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	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	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
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	unknown; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
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 more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 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
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; 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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
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; 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
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	pt is diabetic, cad, hypertension, hyperlipedemia, angina, hx dvt&#x0D; Vascular Surgery&#x0D; Orthopedic Surgery&#x0D; Orthopedic Procedure&#x0D; Cardiovascular Surgery - triple bypass&#x0D; Cardiovascular Procedure - stents&#x0D; Tubal Ligation&#x0D; Cesarean Section&#x0D; Back Surgery - 6 su; 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
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 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.; 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
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 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) indicatvie of heart disease.	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT 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 Doppler echocardiography	Radiology Services Denied Not Medically Necessary	TIA (transient ischemic attack); 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

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; It is not known if the member has known or suspected coronary artery disease.	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 does NOT have a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients without a 30 pack per year history of smoking or do not have a history of smoking 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	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
General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	UNKNOWN; 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
Geriatrics	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
Geriatrics	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
Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		He reports pain started two days prior to visit. Nothing makes pain worse or better. The pain is dull and constant on right flank. Rates as a 4 out of 10 on pain scale. Pain does not radiate. Denies fever, chills, nausea, loss of appetite, tenderness to 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
Geriatrics	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.; The patient has suspected prolapsed mitral valve.	1
Geriatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chief Complaint of Shoulder Pain (pt states pain in Rt started a few months ago, also states numbness in fingers and hand)&#x0D; pt c/o R shoulder pain that started in mid July; 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
Geriatrics	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	. Abnormal brain scan&#x0D; Dementia without behavioral disturbance, unspecified dementia type; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Gynecologic Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		history of vulvar cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		history of vulvar cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		history of vulvar cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		having recurrent endometrial cancer was in remission and now cancer is back; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71250 Computed tomography, thorax; without contrast material			1

Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Intra-abdominal and pelvic swelling, mass and lump, unspecified site; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		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
Gynecologic Oncology	Approval	72125 Computed tomography, cervical spine; without contrast material			1
Gynecologic Oncology	Approval	72125 Computed tomography, cervical spine; without contrast material		history of vulvar cancer; 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			2
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		history of vulvar cancer; 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 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		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
Gynecologic 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).	1
Gynecologic 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 known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	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 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal pain, unspecified; This is 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
Gynecologic 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 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	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Carcinoma of Unknown Primary, Liver and Bone Mets; 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		evaluate treatment response; met gastric 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	70450 Computed tomography, head or brain; without contrast material		Malignant neoplasm of lower third of esophagus; 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 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		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	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.	2

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of right main bronchus; 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 sigmoid colon; 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	Other malignant neuroendocrine tumors; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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 reevaluation of 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	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 COLON CANCER METASTASIZED TO LIVER&#x0D; STAGE IV DISEASE,sp four cycles of mFolfox6, two cycles with avastin..Had a good partial response by way of CT scans post four cycles.CEA Continued to drop but has since increased.CT scans post 10 cycles show; 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 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 SCANS; 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	STAGE IIB ER POSITIVE, PR NEGATIVE, HER2 NEGATIVE BREAST CA, SUBSEQUENT RECURRENCE TO THE MEDIASTINUM AND METASTASIS TO THE LIVER AND BRAIN. DR WANING CT AND MRI TO EVALUATE FOR PREVIOUS RESPONSE TO AFINITOR BEFORE STARTING TEMSIROLIMUS.; 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	There are 2 exams are being ordered.; One of 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	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	STAGING PROSTRATE CANCER; 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	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	45
Hematologist/Oncologist	Approval	70450 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
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.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	4
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 known tumor outside the brain.; Known or suspected tumor 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.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	; 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	f/u on 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	70490 Computed tomography, soft tissue neck; without contrast material		Follicular lymphoma grade ii, lymph nodes of head, face, and neck-Stage III; 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		patient has 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	70490 Computed tomography, soft tissue neck; without contrast material		plasma cell neoplasm.; 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.; 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	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
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 acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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 acute pain.; 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
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 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
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.; 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	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.; 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		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	32
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Small cell B-cell lymphoma, extranodal and solid organ sites; 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		SURVEILLANCE OF LYMPHADENOPATHY.; 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 Initial Staging.; The patient has a known tumor or metastasis 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	13
Hematologist/Oncologist	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
Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; 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	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
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 has a sudden and severe headache.; The patient has NOT 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 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		; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		bone metastasis, carcinoma of unknown primary.; 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		Evaluate treatment response; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		F/U W/ESS/CV RULE OUT BRAIN METS; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		increasing 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		known brain METZ; 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	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.; It is not known if the study is 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 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
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	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.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	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.; 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
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	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 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	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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Malignant neoplasm of overlapping sites of right bronchus and 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		new onset acute 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		NEWLY DIAGNOSED CANCER W/NEW AND SUDDEN HEADACHES AND DIZZINESS FOR PAST 2 WEEKS; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has vomiting, patient also had a previous MRI done on 5/4/18 no metastatic disease found.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Recent CT Head:IMPRESSION:&#x0D; 1. Heterogeneously enhancing lesion is seen in the left parietal lobe measuring 2.3 x 1.7&#x0D; cm consistent with metastatic disease. 4 mm of midline shift to the right is identified.&#x0D; 2. 6 mm enhancing lesion is seen in the right ; 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		seizures/; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		STAGE IIB ER POSITIVE, PR NEGATIVE, HER2 NEGATIVE BREAST CA, SUBSEQUENT RECURRENCE TO THE MEDIASTINUM AND METASTASIS TO THE LIVER AND BRAIN. DR WANING CT AND MRI TO EVALUATE FOR PREVIOUS RESPONSE TO AFINITOR BEFORE STARTING TEMSIROLIMUS.; 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		Study needed for initial staging of lung cancer.; 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 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
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.; There are recent neurological symptoms or deficits 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 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
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 are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or 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; 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	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
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 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	13
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	3
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Status post liver transplant patient with elevated liver enzymes.; 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	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.; 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.;" &lt; Enter answer here - or Type in Unknown if No Info Given. &gt;	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.; 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.;" LIVER LESIONS ON RECENT IMAGING	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.;" Follow-up leukocytosis, breast cancer, PALB2 mutation.	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.;" Given significant liver enzyme elevation, we will obtain MRI liver	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.;" response to therapy	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 staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" R/O Liver metastasis. Chemotherapy completed, compare to previous scan prior to surgery.	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 pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" &lt; Enter answer here - or Type in Unknown if No Info Given. &gt;	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 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 right breast cancer diagnosed 12/4/18 invasive ductal carcinoma. A CT scan following diagnosis for initial staging shows there to be several renal lesions that are attenuation greater than fluid and lesions in the posterior interpolar left ki	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.;" Patient is also having severe abdominal 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 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.;" evaluate adrenal nodule	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 not had an abdominal ultrasound, CT, or MR study.;" ovarian cancer	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 not had an abdominal ultrasound, CT, or MR study.;" To evaluate the Liver lesions.	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 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 tumor; A biopsy has been completed to determine tumor tissue type.	37

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.	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 NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	13
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.; 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
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	worsening dizziness, vertigo syncope. r/o hypophysitis; 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
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	5
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 not had an abdominal ultrasound, CT, or MR study.;" CT chest performed 11/2/2018&#x0D; 4.0 x 6.0 cm arterially enhancing homogeneous mass lesion in segment 2. There is an additional, ill-defined 5 mm enhancing mass&#x0D; lesion seen within liver segment 2/3. These lesions are indeterminate in etiology, but could	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 not had an abdominal ultrasound, CT, or MR study.;" Patient with metastatic colon cancer, stage IVC, T4bN1cM0, with metastatic disease to the peritoneum and left ovary. Per 8/30/18 CT of abdomen/pelvis patient with a 3cm lesion to the liver. Patient is KRAS mutation positive and has completed 12 cycles of	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.; 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.;" &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;;	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of 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 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.; Hodgkin's Lymphoma	1
Hematologist/Oncologist	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	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.	3

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).	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 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
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.	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 known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	2
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		; This is a request for an MRI Bone Marrow.	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	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.; ECHO from 9/7/18 shows mild systolic dysfunction with an EF of 45-50%. 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 a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; chest tightness, sob	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 CURRENTLY ON CARDIAC TOXIC CHEMO. PREPARING FOR 2ND STEM CELL TRANSPLANT. NEEDS CARDIAC CLEARANCE	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.;	8
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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	2
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.	8
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		; 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		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	11
Hematologist/Oncologist	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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		abnormal ct; 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		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	22
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal lung scan; "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		Assess for disease 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	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
Hematologist/Oncologist	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	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.; 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
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.; Patient receives trastuzumab and pertuzumab.	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.;	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.; As she has very refractory and relapsed follicular lymphoma and she is very young, she would benefit from high dose chemotherapy with BEAM conditioning followed by auto-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 not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; She is here today for 6-week follow-up visit states that she is doing well. She denies any masses, adenopathy, or skin changes to breast. She continues with Herceptin every 3 weeks and is tolerating it well. Her last MUGA scan was September 2018 which	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.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; PT ON 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 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.; Baseline MUGA scan on 1093/2018 demonstrates an EF of 60%. Is fatigued after chemotherapy	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.; pt has been having chemotherapy off and on since June, 2017, her EF has continued to decline. retesting after the last chemotherapy was administered	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		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	3
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Chronic lymphocytic leukemia of B-cell type not having achieved remission; 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		diffuse large b cell lymphoma; 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	DLBCL, restaging 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	Elevated carcinoembryonic antigen; 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	EVAL 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	evaluate treatment response; 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	Evaluating 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	71250 Computed tomography, thorax; without contrast material	Follow up to any recurrence; "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	follow-up and treatment of her colon cancer, stage IV recurrent 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	lymphoma; 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 cervix uteri, unspecified; 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; "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	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&#x0D; cardiotoxic chemotherapy	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.; Initial staging for Multiple Myeloma, planned 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 NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; Malignant neoplasm of upper-outer quadrant of left breast	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.; to assist cardiac function	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.; unknown	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; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an 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	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 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	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 an evaluation of axillary lymph nodes.; 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 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)	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 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
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)	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 Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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 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 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	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 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	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 sings 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	PET/CT requested for November 28,2018 to reevaluate abnormal PET/CT that was performed on August 23, 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	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 Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); 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; 3 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 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; 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)	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 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 more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an 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
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Malignant neoplasm of lower third of esophagus; 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 sigmoid colon; 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		metastatic skin 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		Mva, pleural effusion, bone fracture; 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		need scans to see if we have progression or not; 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		Neoplasm: abdomen, metastatic, rx monitor or f/u; 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		NEW SYMPTOMS; 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.; 'None of the above' are 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		'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
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	11
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	2
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	2
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	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; 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
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 Melanoma; This request is for initial diagnosis and/or initial staging of regional 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; 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 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.; 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 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)	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 Colo-rectal 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 initial treatment (after a diagnosis of Cancer has been made.); This study is being requested for Colo-rectal 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)	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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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 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
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.; This is being ordered to distinguish tumor(s) from treatment related tissue necrosis; The patient has 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 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)	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 Lymphoma or Myeloma.; 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 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)	17

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.; 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)	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 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 ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal 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 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)	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 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)	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 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
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.; 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)	10
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Patient has one nodule that could be infectious or inflammatory. She has a history of thyroid cancer. MD wants to see if the nodules have improved.; "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		Patient is having diarrhea eval of breast cancer 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		Per q 8 week schedule/Research protocol; 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		Peripheral T-cell lymphoma, not classified, unspecified site; 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 non-Hodgkin lymphomas; "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		PLAN:&#x0D; 1. We will request NGS on the wedge biopsy tissue obtained by Dr. Levy. I am told that we have already sent for this to be done last week. Await results. &#x0D; 2. I discussed the natural history and contemporary treatment for metastatic malignant melan; 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		plasma cell neoplasm.; 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		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	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		reevaluation of 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		RESPONSE TO THERAPY.; 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		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.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restage; 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	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Breast Cancer; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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.; 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)	7
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.; 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 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)	7
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.; 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)	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 Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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.; 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 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)	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 Head/Neck Cancer.; It is unknown if the patient had a thyroidectomy and radioiodine ablation.; The patient has Thyroid 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 NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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 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)	7
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.; 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)	7

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.; 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 Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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.; 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 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
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.; 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 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
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 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
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)	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 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 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)	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 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)	2
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 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		PRE-CHEMO EF; 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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	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 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		There are 3 exams are being ordered.; One of 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	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
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of lower third of esophagus; 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	Malignant neoplasm of upper-outer quadrant of right breast in female, estrogen receptor negative&#x0D; evaluate for progression of metastatic breast cancer on treatment; 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	RESTAGING Malignant melanoma of other part of trunk; 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	cancer, previously noted right sided mass in temperomandibular area, treated history of Stage IIIa uterine cancer; 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.; It is unknown if there is a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	breast cancer surveillance; evaluate treatment response; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	restaging of Lung Cancer/with Mets to the bone; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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
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 NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2
Hematologist/Oncologist	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.	2
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	lymphoma; 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 head, face and neck; 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 upper lobe, left bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mild leukocytosis with neutrophilia and eosinophilia but no anemia or thrombocytopenia.&#x0D; The patient has some concerning constitutional symptoms including an intentional weight loss and night sweats.&#x0D; Ultrasound he had mild splenomegaly 13.7 cm.&#x0D; Above fi; 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.; It is known 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 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.; 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	2
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	5
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.; 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
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PET/CT requested for November 28,2018 to reevaluate abnormal PET/CT that was performed on August 23, 2018.; 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	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
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING Malignant melanoma of other part of trunk; 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	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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Secondary malignant neoplasm of left 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SUPICIOUS FOR PULMONARY ADENO; 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	surveillance of diffuse large b cell lymphoma. Last scans in May of 2014; 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	There are 2 exams are being ordered.; One of 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	Disapproval	72125 Computed tomography, cervical spine; 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	72131 Computed tomography, lumbar spine; 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	72192 Computed tomography, 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	1
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	***elevated PSA, weakness-Details of Previous Treatment or Therapy- biopsy; 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	restaging of Lung Cancer/with Mets to the bone; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has Cancer, done with chemo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	need scans to see if we have progression or not; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	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	; 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	Carcinoma of Unknown Primary, Liver and Bone Mets; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	INITIAL STAGING; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of lower-outer quadrant of left 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	Malignant neoplasm of upper lobe, left bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	night sweats, pruritis, hypereosinophilia; 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	Pt has Cancer, done with chemo; 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 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING Malignant melanoma of other part of trunk; 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 RECTAL; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RE-STAGING SCANS; 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	restaging; 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	Solitary pulmonary nodule; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	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	8
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	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.; 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 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 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.; 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 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	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.; 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
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.; 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

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.; 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	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.; 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
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 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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	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 known or suspected vascular disease.; The ordering physician is a surgeon;	1
Hematologist/Oncologist	Disapproval	76390 Magnetic resonance spectroscopy	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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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 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
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 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	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



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 Thyroid Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient does NOT have a serum thyroglobulin level greater than 10ng/mL; 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 Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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.; 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
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 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	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 NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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 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	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 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	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 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	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)	2
Hematologist/Oncologist	Withdrawal	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
Hospital	Approval	70450 Computed tomography, head or brain; without contrast material		Dizziness and light headed. Headaches are getting 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 chronic or recurring.	1

Hospital	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Eyes: Positive for visual disturbance. &#x0D; Neurological: Positive for dizziness, speech difficulty and headaches. Negative for vertigo, focal weakness, seizures, syncope, facial asymmetry, weakness and paresthesias. &#x0D; Psychiatric/Behavioral: Negative for co; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1
Hospital	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		Eyes: Positive for visual disturbance. &#x0D; Neurological: Positive for dizziness, speech difficulty and headaches. Negative for vertigo, focal weakness, seizures, syncope, facial asymmetry, weakness and paresthesias. &#x0D; Psychiatric/Behavioral: Negative for co; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1
Hospital	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
Hospital	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
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 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
Infectious Diseases	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
Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Recent tissue swelling with H/A secondary to infection post-cranioplasty.; 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
Infectious Diseases	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
Infectious Diseases	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
Infectious Diseases	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
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	1
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		Cx of R axilla growing Filamentous Bacteria, mostly resembling Nocardia species.; This study is being ordered for inflammatory/ Infectious Disease.; 10/3/2018; There has been treatment or conservative therapy.; Right Axilla Lymphadenitis; 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	Approval	71250 Computed tomography, thorax; without contrast material		Fever (R50.9); suspect post op wound infection. Could be abscess/sternal OM. we need to CT the c/a/p. a/p especially with the drain site infection as she describes, which is the upper abdomen. She has a lot of pain there.; This study is being ordered for Inflammatory/ Infectious Disease.; 8/27/18; There has been treatment or conservative therapy.; Fever. Chest pain.; Chest 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
Infectious Diseases	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
Infectious Diseases	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		All other workup as been normal.; This study is being ordered for Inflammatory/ Infectious Disease.; July 2018; There has not been any treatment or conservative therapy.; approximately 2 months of fevers to 101.3 - 101.5 from 3 PM - 6 PM and Night Sweats.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Fever (R50.9): suspect post op wound infection. Could be abscess/sternal OM. we need to CT the c/a/p. a/p especially with the drain site infection as she describes, which is the upper abdomen. She has a lot of pain there.; This study is being ordered for Inflammatory/ Infectious Disease.; 8/27/18; There has been treatment or conservative therapy.; Fever. Chest pain.; Chest 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
Infectious Diseases	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
Infectious Diseases	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
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 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	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.; 11/29/18; There has not been any treatment or conservative therapy.; 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
Infectious Diseases	Disapproval	74176 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
Infectious Diseases	Disapproval	74176 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
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material			1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		SDH (subdural hematoma); Over the past several weeks he has had several episodes of altered consciousness where he developed severe dizziness blurred vision left-sided headache and generalized weakness. The symptoms seem to come on slowly and because tem; 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	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.	3
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.	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.	1
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Memory Loss; fatigue; weight loss; disorientation to time, changes in language content, loss of biographical information; personality changes; behavioral changes; confusion; tremors; easy bruising; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	patient has nasal deformity and septal deviation along with tenderness and a 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
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	2
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; 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.; 07/01/2018; There has been treatment or conservative therapy.; Cough, facial pain, dyspnea, 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
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Cervical fusion surgery previous and now has keloid scarring; 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
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	eval dysphonia night sweats globulous sensation with clear scope; 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
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Pt has cancer. abnormal x-ray; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material	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	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Shortness of breath -pain and mass in the throat.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	STAGING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/2018; There has not been any treatment or conservative therapy.; Leukopenia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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.	1



Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	post hospital check, paroxysmal atrial fibrillation with RVR, near syncope, and TIA.; This study is being ordered for a neurological disorder.; 10/28/2018; There has been treatment or conservative therapy.; Hypothermic, pulse 205, loss of vision, hand paresthesia, and numbness.; Xarelto; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	1
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		1
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient had an abnormal ultrasound of the neck.	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	.Positive for memory loss Positive for headaches. Patient had a CT done to rule out a stroke or a brain bleed, it came back negative. Continues to have pressure in the sinuses , in his ears and still dizzy urmur (Chronic systolic murmur without changes) ; 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	; This 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	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	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.; may-2018 for the back pain &#x0D; September 2018 for his memory loss; There has been treatment or conservative therapy.; Memory Loss low back pain, ddd lumbar; Physical therapy for the low back pain, and also a x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	RESTAGING COLON CANCER METASTASIZED TO LIVER&#x0D; STAGE IV DISEASE,sp four cycles of mFolfox6, two cycles with avastin..Had a good partial response by way of CT scans post four cycles.CEA Continued to drop but has since increased.CT scans post 10 cycles show; 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 after Chemotherapy cycle; 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 the peritoneal 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, elevated 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	RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Small cell B-cell lymphoma, extranodal and solid organ sites; 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	426

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	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
Hematologist/Oncologist	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.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	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.	15
Hematologist/Oncologist	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
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	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.; unknown; There has been treatment or conservative therapy.; Near syncope, dizziness, Left hand and arm pain, Gripping problem, vertigo, hearing loss, Shakiness; Meclazine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		MUSCLE WEAKNESS, Had prolonged period where experienced insomnia, muscle weakness, neuropathy, diarrhea, fatigue, no appetite, hearing sounds that were not there; these symptoms waxed and waned and have slowly improved; periods between episodes have exten; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		Patient reports having a migraine about once every month.; This 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		Pt having TA symptoms, gait instability, trouble walking, slurred speech, blurred vision; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		She has decreased ability to move fingers at times, tingling and numbness in her feet. Ringing in her ears and dizziness. Leg cramps and at times, difficulty swallowing. She has a family hx of MS and ALS.&#x0D; She has pain in her neck that radiates to her a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 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
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.	27
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.	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 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
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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	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.	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 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.	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.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	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.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	9
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	2
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	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	2
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		STAGE IIB ER POSITIVE, PR NEGATIVE, HER2 NEGATIVE BREAST CA, SUBSEQUENT RECURRENCE TO THE MEDIASTINUM AND METASTASIS TO THE LIVER AND BRAIN. DR WANING CT AND MRI TO EVALUATE FOR PREVIOUS RESPONSE TO AFINITOR BEFORE STARTING TEMSIROLIMUS.; 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		Surveillance of brain ca; 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		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
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	4
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	28
Hematologist/Oncologist	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

Hematologist/Oncologist	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 evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; abnormality on PET scan, metastatic melanoma	1
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	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.; 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
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.; 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		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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; 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	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.	2
Internal Medicine	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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material			4
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.;" 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
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	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.	2
Hematologist/Oncologist	Approval	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 not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.;	1
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Prescribed Neurontin 100 mg ID&#x0D; Will get lumbar MRI noncontrast in 2 weeks to see if there is disc protrusion/nerve compression&#x0D; May need referral to physical therapy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Prescribed Neurontin 100 mg ID&#x0D; Will get lumbar MRI noncontrast in 2 weeks to see if there is disc protrusion/nerve compression&#x0D; May need referral to physical therapy; The patient does not have new signs or symptoms of 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Surveillance of brain ca; 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.; 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
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	8
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	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	1
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	ABNORMAL SIGNAL IN THE RIGHT HEMISACRUM MEASURING 2.5 CM; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Internal 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	1
Internal 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	3
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	14
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	27
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.; Abnormal lab finding was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	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	2
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain, pleuritic&#x0D; Pain in rib&#x0D; Pleuritic pain&#x0D; Rib pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Continue chemotherapy with CDDP + 5 FU.&#x0D; Due for cycle # 3 in AM.&#x0D; Check CT of C/A/P.&#x0D; Follow up in 4 weeks.&#x0D; - CBC WITH DIFFERENTIAL&#x0D; - COMPREHENSIVE METABOLIC PANEL&#x0D; - MAGNESIUM LEVEL&#x0D; - CBC WITH DIFFERENTIAL; Future&#x0D; - COMPREHENSIVE METABOLIC PANEL; Fu; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	'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.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	Scans are needed for restaging and surveillance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72192 Computed tomography, 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	1
Hematologist/Oncologist	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.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient is s/p Stem Cell Transplant, she has abscess and large external hemorrhoids.; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Restaging imaging for patient with Stage IV rectal carcinoma with metastasis to the liver and lungs. Per 10/5/18 CT Abdomen/Pelvis, 3 hepatic lesions noted. There is a 8mm nodule along the lateral margin of the left hepatic lobe. There is a 14mm lesion wh; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Hematologist/Oncologist	Approval	72196 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	14
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 pelvic inflammatory disease or abscess.	1
Hematologist/Oncologist	Approval	73200 Computed tomography, upper 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	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
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	2
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	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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	Approval	71250 Computed tomography, thorax; without contrast material	sarcoidosis.; This study is 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.; sarcoidosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 IA GIST OF THE ILEUM. PT DUE FOR HER 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	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
Internal Medicine	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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; 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 study is beign 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	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2018; There has been treatment or conservative therapy.; Cough, facial pain, dyspnea, 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

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Memory Loss; fatigue; weight loss; disorientation to time, changes in language content, loss of biographical information; personality changes; behavioral changes; confusion; tremors; easy bruising; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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 signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Internal Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)			1
Internal Medicine	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
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	5
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		; 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
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.; ; 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	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.; The event which precipitated this pain was a motor-vehicle accident 4/2017. Aggravating factors contributing to the back pain may be a prior motor-vehicle accident ( with neck injury; with whiplash injury; with injuries to the neck and back ). Associate; PT, steroid injections, otc 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		due to a motor vehicle accident; This study is being ordered for trauma or injury.; 9/5/2018; There has been treatment or conservative therapy.; cervical and thoracic pain; pt has been doing PT for the past month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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 patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	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	5
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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability	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; 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
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	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	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		Hx colon tumors and Hx of Breast cancer mbr is having constipation issues and before colonoscopy is done CT is being ordered; 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
Internal 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; 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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; x-ray shows moderate degenerative disc height loss c5/6 with mild bilateral c5/6 foraminal encroachment greater on the right side. shallow grade 1 anterolisthesis noted involving c3 on c4	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		multi level of DDD getting worse; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Reprocess 11282469 for MRIs per Dr. Coe's notes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		She has decreased ability to move fingers at times, tingling and numbness in her feet. Ringing in her ears and dizziness. Leg cramps and at times, difficulty swallowing. She has a family hx of MS and ALS.&#x0D; She has pain in her neck that radiates to her.; 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		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.	6
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; 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; 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
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.	1



Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	metastatic workup was done in 01/2018 follow up to that; 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
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	PLAN:&#x0D; 1. We will request NGS on the wedge biopsy tissue obtained by Dr. Levy. I am told that we have already sent for this to be done last week. Await results. &#x0D; 2. I discussed the natural history and contemporary treatment for metastatic malignant melan.; 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	8
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	4
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	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 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		6
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	; 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	Chronic lymphocytic leukemia of B-cell type not having achieved remission.; 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
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 is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	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; 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
Internal 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.; seen on CT lung scan: sclerotic focus T6 vertebra 11mm size, Questionable significance. Can consider further assessment with bone scan and/or MRI to exclude significant bony lesion.	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.; 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
Internal Medicine	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

Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for trauma or injury.; 11/17/2018; There has not been any treatment or conservative therapy.; Neck pain hurts to turn her neck was recently involved in a car accident&#x0D; Arm pain has some right arm pain in her shoulder down arm&#x0D; Memory loss feels like she is having some difficulty with memory at times&#x0D; Has back pain direct with some pain into her le; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		esophageal 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		EVAL 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		eval of nscl w/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		evaluate for portal vein thrombosis; 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Evaluating 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		f/u on 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		history of 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		Invasive ductal carcinoma of breast, female, right for staging 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		LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	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		metastatic skin 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		Neoplasm: abdomen, metastatic, rx monitor or f/u; 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		Neoplasm: breast, rx monitor or f/u; 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		NEW SYMPTOMS; 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		Oth types of folliclar lymph, nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	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.; may-2018 for the back pain &#x0D; September 2018 for his memory loss; There has been treatment or conservative therapy.; Memory Loss low back pain, ddd lumbar; Physical therapy for the low back pain, and also a x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		; This study is being ordered for trauma or injury.; 11/17/2018; There has not been any treatment or conservative therapy.; Neck pain hurts to turn her neck was recently involved in a car accident&#x0D; Arm pain has some right arm pain in her shoulder down arm&#x0D; Memory loss feels like she is having some difficulty with memory at times&#x0D; Has back pain direct with some pain into her le; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Chronic T12 compression fracture with 50% reduction of vertical vertebral body height recent fall on 12/18/18 left leg weakness; 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.; Chronic T12 compression fracture with 50% reduction of vertical vertebral body height recent fall on 12/18/18 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	has completed PT for this study and has gotten no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Lung Cancer: The cancer is moderately differentiated adenocarcinoma. The cancer is located in the right lung middle lobe. Node involvement includes ipsilateral mediastinal nodes. Past treatment has included radiotherapy and chemotherapy. ; Stanley Bowli; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	recheck back pain- Patient states that his back had gotten better, but he recently had a fall and now his leg is causing him pain and numbness. He reports that he does not like to take the muscle relaxers. ; 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.; recheck back pain- Patient states that his back had gotten better, but he recently had a fall and now his leg is causing him pain and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has 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	Patient has rising CA27-29 and CA15-3.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having diarrhea eval of breast cancer 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	Patient newly diagnosed breast cancers with extremely dense breasts on mammogram needing 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	Per q 8 week schedule/Research protocol; 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	Peripheral blood evaluation by Genoptix showed mild leukocytosis with mild neutrophilia but no clonal abnormality identified. Flow cytometry showed no immunophenotypic abnormality and cytogenetics/FISH normal result. JAK2 negative. NPN molecular profi; 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	Peripheral T-cell lymphoma, not classified, unspecified site; 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 THERAPY.; 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	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	restage; 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 after Chemotherapy cycle; 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 with HX of Spleen/Renal Nodules; 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 COLON CANCER DURING ONGOING 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	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.	5
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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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 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
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	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 Neurological deficit(s)	40
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 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 nerve study involving the lumbar spine; The patient has an Abnormal nerve study involving the lumbar spine	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 trauma or injury.; July 11, 2018; There has been treatment or conservative therapy.; lower back pain; Chiro, 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 speciality 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		Xray of lumbar spine performed on 12/14/16 demonstrated L1 compression fracture age unknown.&#x0D; Patient had MRI Lumbar spine 12/23/16 which showed severe bilateral foraminal narrowing due to superiorly deflected disc material in each foraminal region and al; 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality 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)		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?	1
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 a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
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	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1. Severely decreased LV systolic function with LVEF 15%; 2. Four chamber enlargement.; 3. Moderate elevation in RV systolic pressure measuring at 45 mmHg.; 4. Moderate mitral and tricuspid regurgitation.; 5. Severe diastolic dysfunction.Cardiomyopathy.; This study is being ordered for Vascular Disease.; Patient presents today with concerns regarding his Hyperlipidemia, hypertension and whether he is adequately controlled or any adverse effects from his medication. Also he has concerns re: an ingrown toenail on his right great toe. Also most of his med; There has been treatment or conservative therapy.; CHEST PAIN; Ischemic Cardiomyopathy; - EF 15%; - Now on hydralazine, carvedilol and bumetanide; - ICD placement 10/16/18; 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
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 a history of upper extremity trauma or injury.	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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		patient has had multiple rounds of anti-inflammatory medication and also physical therapy and no relief in sx; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PROCEDURE PERFORMED:on 05/08/2018 Left shoulder arthroscopic rotator cuff repair; with subacromial decompression.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; limited ROM (left and right shoulder). arthralgias/joint pain; Problems with arms and legs; can't lift arms w/o pain.; There has been treatment or conservative therapy.; left and right shoulder). arthralgias/joint pain Problems with arms and legs; can't lift arms w/o pain.; injection of solu-medrol, methylprednisolone and ketorolac; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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
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."; Chronic pain	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.	15
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.; The patient is experiencing joint locking or instability.	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 for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	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).	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 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

Internal Medicine	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	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 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) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.	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.; This study is being ordered for None of the above; Swelling 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 ordering physician is not an orthopedist.; This study is being ordered for 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
Internal Medicine	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		RE-STAGING ENDOMETRIAL 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 of CLL; 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 Lung Cancer with Bone Mets.; 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 the peritoneal 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, elevated 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		RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	7
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		See Clinic Notes; 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		Small cell B-cell lymphoma, extranodal and solid organ sites; 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		The patient is a cancer patient. The patient does have colon cancer. He has grade 2. He has abdominal pain more painful since surgery.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	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	113
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 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 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	This is 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
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling 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 had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for 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.	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	7
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.; This study is being ordered for 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	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 evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	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.	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.	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 history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	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 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 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 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/02/2018; There has been treatment or conservative therapy.; back pain radiating down to hip, burning sensation; 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
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		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.; 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.; 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.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; 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	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 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	4
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	1
Hematologist/Oncologist	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
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 is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	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 is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 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 staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; Yes this is a request for a Diagnostic CT	1
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	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.; The patient is presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
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	7
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	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 an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; 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
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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; 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 another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are 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	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
Internal Medicine	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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		3
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up for cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pain that is not going away with any treatment; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient 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	PT DUE FOR HIS ANNUAL CT 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 needs Ct of the neck for palpable mass on the left side of neck. &#x0D; Pt needs Ct of Abdomen and Pelvis for left flank pain, r/o kidney stone.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	sarcoidosis.; This study is 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.; sarcoidosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 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 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 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	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 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

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 a amylase or lipase lab test.; 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	5
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	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 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 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
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	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.; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed within the last 6 months.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 6 mo cancer surveillance	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.; 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."; the patient has NHL with an abnormal CT abdomen recommending the patient have an MRI for further 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 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
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.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	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 Tumor.; This study is being ordered for staging.; "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 organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	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."; . evaluate lesion inferior liver	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."; biliary tract cholangiocarcinoma	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.; 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."; Pt suffers with melanoma, surveillance after therapy	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.;	5
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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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	3
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 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.; 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	4
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 does not have Crohn's Disease, Ulcerative Colitis or 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.; This study is being 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	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 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	4
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	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 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.; 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)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 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."; pt presents to the clinic today for abd pain and back pain states she has been taking tramadol 50 mg.&#x0D; states this is not getting any better.	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 not had an abdominal ultrasound, CT, or MR study."; ABNORMAL CT- LIVER HEMANGIOMA	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	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
Internal Medicine	Approval	75557 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	unknown; 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)	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.; 1. Chest pain: We will rule out underlying cardiac issues. Patient has family history of CAD. Patient also has rheumatoid arthritis. We would like to rule out pericardial diseases.&#x0D; 2. Rheumatoid arthritis: Patient has possible history of rheumatoid ; Yes, there is Chronic Chest Pain.	1
Hematologist/Oncologist	Approval	76390 Magnetic resonance spectroscopy	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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	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 a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	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	8
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	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 Cardiac 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	Malignant neoplasm of upper-outer quadrant of left breast in female, estrogen receptor positive; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 Cardiac 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.; COMPLETION OF CHEMO NEEDING TO START NEW	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.; unknown	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.; Left ovarian adenocarcinoma, with metastatic disease, technically platinum insensitive with recurrent malignancy within 6 months from last treatment in 2017. Her regimen was switched from Taxol Avastin to Doxil Avastin in light of her elevations in her t	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)		The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; None; Yes, there is Chronic Chest Pain.	1
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.; 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.	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	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
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)		Cardiac arrhythmia, unspecified cardiac arrhythmia type&#x0D; Abnormal EKG&#x0D; Fatigue, unspecified type; Neck: Neck suppl. Carotid bruit is present. &#x0D; Cardiovascular: Normal rate. An irregularly irregular rhythm present.; 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 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
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.	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.; "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.; Pre adriamycin assessment	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.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Patient currently on Herceptin/Perjeta/Taxotere for her Breast Cancer.	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.; MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	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.; PT ON 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 been initiated or completed.; The last MUGA scan was performed within the last 3 months.; staging	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.;	8
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 coming in for Eval/Treat including initial staging for Multiple Myeloma	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.; Physician wants a baseline MUGA prior to start of chemotherapy	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.; Pt recently dx with 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	78813 Positron emission tomography (PET) imaging; whole body			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)		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
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; 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.; An SPEP (Serum Protein Electrophoresis) test suggests their need for ordering this study.; 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 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
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 Breast 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
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; 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 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
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.; 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
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		bone metastasis, carcinoma of unknown primary.; 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; 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
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.; 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
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)	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)	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 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
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)	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 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)	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 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
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 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.; The murmur is NOT 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) indicative of heart disease.; The patient has abnormal heart sounds	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 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
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 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
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 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.	3
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 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
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 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 is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3
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.; 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
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.	6
Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		previous ULTRA; 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	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; 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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	member and friend have noticed change in memory - struggling with forgetfulness - minicog exam score 27/30; 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	pt having chest pain intermittent for years, no hx of cad, has hx of HLD, has fm hx cad, nl stress test, borderline ecg. has a hx of alcohol abuse, hep B&#x0D; has some memory impairment, SLUMS 24 ot of 30. recal 4/5; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	right sided numbness of the face, difficulty swallowing with liquids; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	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.	7
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.	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 chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	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 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)	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.; 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 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 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



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)	5
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 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	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
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.	3
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.	3
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	vertigo&#x0D; dizziness&#x0D; faintness; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has dizziness.; 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	RECURRENT SINUSITIS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 (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
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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	4
Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/2017; There has not been any treatment or conservative therapy.; see diagnosis codes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 12/2017; There has been treatment or conservative therapy.; headaches, eye pain.; 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
Internal Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has had multiple rounds of anti-inflammatory medication and also physical therapy and no relief in sx; 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 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 Ovarian or Esophageal 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
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	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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 upper-outer quadrant of left breast in female, estrogen receptor positive.; 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 melanoma of other part of trunk; 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		There are 2 exams are being ordered.; One of 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	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	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; 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 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/2017; There has not been any treatment or conservative therapy.; see diagnosis codes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	G44.52 (ICD-10-CM) - 339.42 (ICD-9-CM) - New daily persistent 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Headaches, lightheadedness, pre-syncope and room spinning. Having migraines more often, confusion, dizziness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	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 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

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is exhibiting similar symptoms as his father, who suffers from a hereditary brain tumor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient is experiencing dementia symptoms; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is 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	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 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.; 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; 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; 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.; An SPEP (Serum Protein Electrophoresis) test suggests their need for ordering this study.; 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 sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an 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	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 Head/Neck Cancer.; The patient has Thyroid 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 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)	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 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	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; It is unknown if 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)	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 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)	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 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 being ordered to distinguish tumor(s) from treatment related tissue necrosis.; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PT IS HAVING PROBLEMS WITH BALANCE(ABN GAIT) HEADACHES AND LOSS OF SMELL&#x0D; THE CLINICALS DID NOT OFFER ANYMORE, NO CLINICALS TO BE FAXED; 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
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 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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; "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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2018; There has not been any treatment or conservative therapy.; neck 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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "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	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.; 10/22/18; There has been treatment or conservative therapy.; ; She was given a prescription of cipro.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	10
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	20
Internal 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	2
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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
Internal Medicine	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

Internal Medicine	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 (pneumonia, abscess, empyema).; 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	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 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	3
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.; '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
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	pt has lung nodule; "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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	STAGING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/2018; There has not been any treatment or conservative therapy.; Leukopenia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Internal Medicine	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.; 9/26/2018; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	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.; 8/10/2018; There has been treatment or conservative therapy.; chest pain; ibuprofen for 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
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	He continues to have several BMS per day, watery with abdominal bloating and cramps. He has had MULTIPLE courses of antibiotics. He continues to have shortness of breath with a history of PE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	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 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
Internal Medicine	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
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset 03/01/18; There has been treatment or conservative therapy.; Describe primary symptoms here - Neck/Head Tremor x7-8 months but is worsening, Intermittent Blurred vision x1mo,neck stiffness and pain, difficulty walking.; Describe treatment / conservative therapy here - medrol dose pack , flexeril 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain hurts to turn her neck was recently involved in a car accident&#x0D; Muscular tenderness present; 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
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	no more info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has been treatment or conservative therapy.; Chronic back pain; Patient has been follow by pain clinic for 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
Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	no more info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has been treatment or conservative therapy.; Chronic back pain; Patient has been follow by pain clinic for 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
Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a chief complaint of back pain that he states started back in 2008 when he was in a car accident. Patient states that it started off as neck pain but radiates down into his thoracic and lumbar spine now. Patient says that the most significant ; 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
Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	There is tenderness to palpate the upper thoracic muscles. &#x0D; Muscular tenderness &#x0D; The trapezius tenderness; 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
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 has a history of severe low back trauma or lumbar injury.; 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	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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 weakness.; arm weakness, 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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
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)	7
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)	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 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)	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 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)	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 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Skin sensation of skin. Right arm pain 4 months duration. Not improving with therapy.; The patient 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	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.; 9/26/2018; There has been treatment or conservative therapy.; Back pain spasms; 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	Possible Patho left arm symptom; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Radiographs of the shoulder reveal evidence of AC joint arthrosis with an inferior osteophyte, mild degenerative changes of the glenohumeral joint with probable calcific tendonitis was also noted. Again, he has some radicular symptoms down as far as even ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.	3
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.;	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.; Patient came to office on 10/8/18&#x0D; with right or left shoulder pain, since last friday	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.; Patient initial visit to ED on 10/08/18 with complaints of 1 week history of severe neck pain. Xrays showed no abnormality noted. Patient has been treated with medication therapy without response including naproxen, flexeril and steroid pack. Patient has	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	tingling and numbness in hands and fingers; This study is 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 been treatment or conservative therapy.; left shoulder pain.; NSAIDS, 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
Internal Medicine	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.;	1
Internal Medicine	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

Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	failed conservative measures, persistent pain, worsening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years ago; There has been treatment or conservative therapy.; upper back middle and neck pain, radiates to right arm, deep shooting and throbbing pain.; chiropractic care, medications, 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	History / Dx: Q85.8 Von Hippel-Lindau syndrome &#x0D; History / Dx: K86.2 Pancreatic cyst,&#x0D; &#x0D; Duration of Symptoms: Start: 08/28/2018 &#x0D; &#x0D; Physical Exam Findings: MRI done at UAMS-patient has numerous pancreatic cysts throughout entire pancreas - largest lesi; This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis neuropathy; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; low back pain, 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is needing to get a MRI l-spine and t-spine. She has had chiropractic therapy with no relief and has also had a recent fall which has worsened her back pain.; 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	Pt with moderate to severe pain unrelieved with NSAIDs, heat/cold therapy or topical pain relief.; 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		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)	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 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)	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 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)	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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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)	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 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)	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 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



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.; The study is being ordered due to trauma or acute injury within 72 hours.; pt has fracture of T8	1
Internal 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.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lumbar pain I both legs. back pain. ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop. ; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2017; There has been treatment or conservative therapy.; Low back pain and neck pain; Medication and PT at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	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
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.; 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	back pain radiating down legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral back pain since 11/12/2018. Passed kidney stone but still with low back pain with Bilateral sciatica despite Conservative treatment of 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 NOT had back pain for over 4 weeks.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic back pain surgery 20 years ago radiating down 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	DEGENERATIVE JOINT DISEASE L-SPINE&#x0D; ARTHRITIS IN KNEE; 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	History / Dx: Q85.8 Von Hippel-Lindau syndrome &#x0D; History / Dx: K86.2 Pancreatic cyst&#x0D; History / Dx: &#x0D; &#x0D; Duration of Symptoms: Start: 08/28/2018 &#x0D; &#x0D; Physical Exam Findings: MRI done at UAMS-patient has numerous pancreatic cysts throughout entire pancrea; The study requested is a Lumbar Spine MRI.; Known Tumor with or without metastasis; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; 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 been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	neuropathy; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; low back pain, 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain after sitting or laying with legs at 90 degree angle ; going on for 6 months, occurs every night; LSpine Xray unremarkable, need further imaging to r/o 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
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 needing to get a MRI l-spine and t-spine. She has had chiropractic therapy with no relief and has also had a recent fall which has worsened her back pain.; 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	Possible Patho left arm symptom; 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	Pt with moderate to severe pain unrelieved with NSAIDs, heat/cold therapy or topical pain relief.; 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		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)	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; 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 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	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.; 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 Breast Cancer.; The patient is experiencing new signs or symptoms indicating a recurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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 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)	4
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 in left leg down to ankle with numbness, see pain specialist.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	x- rays show degenerative disc disease and faet degenerative change, and very mild joint space narrowin at left hip. &#x0D; &#x0D; Per Dr. Gray This could be a possible contributor to his pain, although could als be a muscular tear in his guteal area.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-25-2018; There has been treatment or conservative therapy.; Pain in the left buttock that goes down. The pain will take him too his knees.; Tyelonol, and diclofanac; 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
Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; unknwn; it is not known if there has been any treatment or conservative therapy.; mbr has pain in pelvic 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	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	1. Severely decreased LV systolic function with LVEF 15%; 2. Four chamber enlargement.; 3. Moderate elevation in RV systolic pressure measuring at 45 mmHg.; 4. Moderate mitral and tricuspid regurgitation.; 5. Severe diastolic dysfunction.Cardiomyopathy.; This study is being ordered for Vascular Disease.; Patient presents today with concerns regarding his Hyperlipidemia, hypertension and whether he is adequately controlled or any adverse effects from his medication. Also he has concerns re: an ingrown toenail on his right great toe. Also most of his med; There has been treatment or conservative therapy.; CHEST PAIN; Ischemic Cardiomyopathy; - EF 15%; - Now on hydralazine, carvedilol and bumetanide; - ICD placement 10/16/18; 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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI; The 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
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 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
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 from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	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	c/o Shoulder pain left shoulder pain . c/o Radiation of pain elbow to shoulder. c/o Previous injury previously injured lifting an air conditioner.. c/o Upper arm pain. c/o Range of motion; This study is being ordered for trauma or injury.; c/o Elbow pain. c/o Radiation of pain shoulder to elbow. c/o Previous injury. c/o Range of motion. c/o Pain in other joints. &#x0D; Denies : Forearm pain. Denies : Redness. Denies : Swelling. Denies : Tingling/numbness. Denies : Fall. Denies : Er; There has been treatment or conservative therapy.; c/o Elbow pain. c/o Radiation of pain shoulder to elbow. c/o Previous injury. c/o Range of motion. c/o Pain in other joints. &#x0D; &#x0D; c/o Shoulder pain left shoulder pain . c/o Radiation of pain elbow to shoulder. c/o Previous injury previously inju; Patient is on Naproxen, Ibuprofen, Tizanidine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	Radiographs of the shoulder reveal evidence of AC joint arthrosis with an inferior osteophyte, mild degenerative changes of the glenohumeral joint with probable calcific tendonitis was also noted. Again, he has some radicular symptoms down as far as even ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;;	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.; XRAY was done in clinic today, 11/6/18 and shows a possible tear. We are needing an MRI for better imaging. Patients pain radiates up to his neck and down his back. He has been complaining of this pain for several years now.	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 is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan; The patient has not had a recent ultrasound of the shoulder.; The results of the plain films is not known.; There are no documented physical or laboratory findings of a joint infection.; Pt has loss range of motion in arm. waxing, waning over 6 months; The patient has not had a recent CT of the shoulder.	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	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

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	to rule out osteolysis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/15; There has been treatment or conservative therapy.; bilateral shoulder and neck pain; colchicine x7 days&#x0D; Allopurinol&#x0D; tosyd; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D; 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.; This study is being ordered for None of the above; 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
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 Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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
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	right knee pain&#x0D; injury 2 months ago&#x0D; x-ray normal&#x0D; shooting pain&#x0D; lock and grind&#x0D; sciatica&#x0D; low back pain&#x0D; pain to lower extremities&#x0D; x-ray normal; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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
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 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
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 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
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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/22/18; There has been treatment or conservative therapy.; ; She was given a prescription of cipro.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Abd pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	elevated liver enzymes; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	enlarged prostate felt on exam. Rectal exam done no blood; 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	Sudden severe onset of abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; 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.; 8/10/2018; There has been treatment or conservative therapy.; chest pain; ibuprofen for 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	He continues to have several BMs per day, watery with abdominal bloating and cramps. He has had MULTIPLE courses of antibiotics. He continues to have shortness of breath with a history of PE; 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	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.; 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	Patient has presented with chest pain, nausea and elevated troponins in our ED. Patient also states that a CT performed at another facility shows lesion on her spleen.; 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PERSISTENT PERI-ABILICAL ABDOMINAL PAIN R/O A MASS; This is a request for an abdomen-pelvis CT combination.; This study is being 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.; 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
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	6

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.; The patient does not have 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 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.; 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
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	6
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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3
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	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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	14
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	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.; 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	5
Internal Medicine	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 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	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
Internal Medicine	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	1
Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Family hx of heart disease, hyper lipidemia, myocardial infarction.; This is a request for a CT scan for evaluation of coronary calcification.	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	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.; ; 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	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.; Patient has history of heart palpitations off and on. Patient was at a restaurant and had dinner and a few drinks. She was there for 3.5 hours. She felt flushed, dizzy, some nausea and fainted. She stood up to go to the restroom, and the next thing she	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	; 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	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	9/13 patient states that he was feeling tightness on the left size of his chest. He reports that it woke him up. Describes the pain as "squeezing". He reports chewing 4 baby aspirin and the pain went away.; 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
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	Patient has history of CAD with past history of cardiac cath about 15 years ago. Smoker with hypertension and hyperlipidemia. Presented to ED with chest pain/spasm in his chest; 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
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 presents today with left arm weakness, turned blueish in color and felt tight.&#x0D; &#x0D; Pt denies any chest pains but states that her chest felt tight.&#x0D; &#x0D; Pt states that she has some anxiety and took a xanax when this episode happened yesterday about 7pm. Pt; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	States that the Saturday after Thanksgiving she had about a 10 minute episode of Heartburn type chest pain, right jaw pain and numbness in fingers. States that she took an ASA 81mg and this resolved, but still concerned her.; 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	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
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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/2018; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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	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	pt having chest pain intermittent for years, no hx of cad, has hx of HLD, has fm hx cad, nl stress test, borderline ecg. has a hx of alcohol abuse, hep B&#x0D; has some memory impairment, SLUMS 24 ot of 30. recal 4/5; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal 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 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
Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	screen; 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	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
Internal Medicine	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	duodenal mass on most recent EGD and MRI, incidental finding; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	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.; 05/2017; There has been treatment or conservative therapy.; Follow up for L MCA watershed stroke s/s L ICA dissection 1/2016 s/p stenting and dual anti platelets; Plavix; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	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
Interventional Radiologists	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
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	1
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Linda M Portwood is a 62 y.o. woman with history of HCV cirrhosis and HCC, status post TARE on 8/30/2018. She states that she initially had some lethargy and nausea for a week post procedure which has since resolved, &#x0D; &#x0D; She complains of chronic low back ; 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
Nephrology	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
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 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
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 tumor; A biopsy has been completed to determine tumor tissue type.	1
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		kidney ultrasound shows 7.8 cm cyst on the right kidney. Let's do CT of the abdomen with and without IV contrast; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		mild revealed abdominal mass; 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
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This study is being ordered for trauma or injury.; 10.29.18; There has not been any treatment or conservative therapy.; Pain; Dr. Moulton believes he hears plural effusion; pt also states he believes he damaged his kidney in the fall as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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
Nephrology	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



Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient has a renal cyst that is needing to be monitored every 6 months for size increase. This is a follow-up MRI of the kidneys.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This is a request for a MR Angiogram of the abdomen.	1
Nephrology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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
Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	His low potassium level, requirement for potassium supplements, and elevated adrenal hormone levels, raises concern whether he may potentially have an overactive adrenal gland contributing to his hypertension and urinary potassium wasting.; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
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)	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 Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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 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)	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 patient is experiencing new signs or symptoms indicating a reoccurrence 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	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.; 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 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)	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 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)	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 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
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 for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; 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 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
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 Breast 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
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 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; 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 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; 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		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 Soft Tissue Sarcoma, Pancreatic or Testicular 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		BREAST CANCER &#x0D; LV FUNCTION BEFORE CHEMO TREATMENT; 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
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		f/u after chemo therapy, need to watch out on how the patients heart function.; 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
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		On Chemotherapy having to monitor her heart; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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.	7
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.	1
Hematologist/Oncologist	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	restaging/ INVASIVE SQUAMOUS CELL CARCINOMA; 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	surveillance of diffuse large b cell lymphoma. Last scans in May of 2014; 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	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	restaging/ INVASIVE SQUAMOUS CELL CARCINOMA; 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	2
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of head, face and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of upper-outer quadrant of right breast in female, estrogen receptor negative&#x0D; evaluate for progression of metastatic breast cancer on treatment; 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	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	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	surveillance of diffuse large b cell lymphoma. Last scans in May of 2014; 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	EVALUATION AND MANAGEMENT OF PULMONARY NODULES; 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of head, face and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	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
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	SUPICIOUS FOR PULMONARY ADENO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	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 been completed to determine tumor tissue type.	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	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	15
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	2
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Carcinoma of Unknown Primary, Liver and Bone Mets; 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.; 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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Malignant neoplasm of lower third of esophagus; 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-outer quadrant of left 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	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	night sweats, pruritis, hypereosinophilia; 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.; 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	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.; 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	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	3
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING RECTAL.; "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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	restaging/ INVASIVE SQUAMOUS CELL CARCINOMA; 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	restaging; 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	2
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	tomography abnormal&#x0D; mesenteric lymphadenopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	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	Hx of post pardon retro hemorrhage in right renal gland splenic infarction; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Hematologist/Oncologist	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 pulmonary embolism.; 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

Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, first study; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Hematologist/Oncologist	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
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	restaging of Lung Cancer/with Mets to the bone; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	72192 Computed tomography, 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	1
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain. left; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; 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	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.	2
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	esophageal 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 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	lymphoma; 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 head, face and neck; 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; 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 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	Mild leukocytosis with neutrophilia and eosinophilia but no anemia or thrombocytopenia.&#x0D; The patient has some concerning constitutional symptoms including an intentional weight loss and night sweats.&#x0D; Ultrasound he had mild splenomegaly 13.7 cm.&#x0D; Above fi; 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	PET/CT requested for November 28,2018 to reevaluate abnormal PET/CT that was performed on August 23, 2018.; 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	Secondary malignant neoplasm of left 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	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	SUPICIOUS FOR PULMONARY ADENO; 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	surveillance of diffuse large b cell lymphoma. Last scans in May of 2014; 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	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
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 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
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.; 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.; 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	tomography abnormal&#x0D; mesenteric lymphadenopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	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 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	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	MUGA on 11/13 showed EF of 48%- stem cell transplant workup; 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
Hematologist/Oncologist	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	On Chemotherapy having to monitor her heart; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 Lymphoma or Myeloma.; 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	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 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
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 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	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 Soft Tissue Sarcoma, Pancreatic or Testicular 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	breast cancer surveillance; evaluate treatment response; 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	Shoulder pain. left; 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	There are 3 exams are being ordered.; One of 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	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; More than 4 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 Ovarian or Esophageal 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	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)	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 Colo-rectal 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 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.; 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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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.; 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		rec'd call from pt wanting to speak w/ nurse about her constant headaches and vision changes.. wanted to know what she could do...; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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
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 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
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		Pt coming for follow up of carotid artery occlusion; This study is being ordered for Vascular Disease.; 04/28/2018; There has been treatment or conservative therapy.; Left facial palsy, left side weakness, right side headache; Pt was given a heparin bolus and started on Eliquis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		S/P Brain embolism; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18; There has not been any treatment or conservative therapy.; R/O aneurysm S/P brain 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
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		rule out aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks; There has not been any treatment or conservative therapy.; dizziness, confusion, SOB, 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
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Cerebral aneurysm, nonruptured; 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	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 another solid tumor.; 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 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)	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 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)	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 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)	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 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
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 sings or symptoms.; 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 Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.; 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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	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.	1
Hematologist/Oncologist	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.	1
Hematologist/Oncologist	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 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	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		unknown; This study is being ordered for a neurological disorder.; 10/18/2018; There has not been any treatment or conservative therapy.; Pt suffers with dizziness, lightheadedness and headache.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for a neurological disorder.; 10/18/2018; There has not been any treatment or conservative therapy.; Pt suffers with dizziness, lightheadedness and headache.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 requested to evaluate a suspected cardiac mass.	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.	2
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.	1
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 a neurological disorder; 09/01/2018; There has been treatment or conservative therapy.; HEADACHE, VISUAL CHANGE, EVIDENT PAPILLEDEMA; LUMBAR PUNCTURE, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Hospital	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 that radiates to left arm and left upper chest associated with shortness of breath and nausea; This is a request 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
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		All other workup as been normal.; This study is being ordered for Inflammatory/ Infectious Disease.; July 2018; There has not been any treatment or conservative therapy.; approximately 2 months of fevers to 101.3 - 101.5 from 3 PM - 6 PM and Night Sweats.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		CHEST X-RAY SHOWED SMALL PLEURAL INFUSION W/AIR SPACE. SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Infectious Diseases	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
Infectious Diseases	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
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 09/27/2018; There has been treatment or conservative therapy.; fever.; 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
Infectious Diseases	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Infectious Diseases	Approval	72192 Computed tomography, pelvis; without contrast material		Wound drainage still present.. good bit of drainage from the L hip wounds; 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

Infectious Diseases	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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	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 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		; This study is being ordered for a neurological disorder.; 11/22/17; There has been treatment or conservative therapy.; Duration: 3 years &#x0D; Frequency Constantly &#x0D; Severity: Average pain level over the last week 1/10 &#x0D; Location: Low back Both; Mid-back Both &#x0D; Quality: Dull; Aching &#x0D; Timing: Gradual onset; Mr, Gray has previously undergone conservative management with a course of physical therapy in 2014 that he states was not beneficial. Also taking Hydrocodone and Cyclobenzaprine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		1. Neck pain - Mrs. Scott presents for follow-up evaluation of several years neck and mid back pain. She is here to review progress after recent procedure and treatment options.&#x0D; &#x0D; To review MRI of the thoracic spine on 10/24/16 was normal, MRI of the bra; This study is being ordered for Congenital Anomaly.; 9/17/14; There has been treatment or conservative therapy.; Poor memory and weakness, anxiety, low energy level, muscle/joint aches, cold intolerance.; Previous Spine Surgery: surgical procedure(s)/date(s): (9/17/2014 - chiari sx); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		F/U lesion or neoplasm; 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		History of grade astrocytoma - this is a follow up to that; 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
Infectious Diseases	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.; 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
Infectious Diseases	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
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 09/27/2018; There has been treatment or conservative therapy.; fever.; 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
Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Cx of R axilla growing Filamentous Bacteria, mostly resembling Nocardia species.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/3/2018; There has been treatment or conservative therapy.; Right Axilla Lymphadenitis; 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	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
Infectious Diseases	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
Infectious Diseases	Disapproval	74176 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
Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; 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.; 11/29/18; There has not been any treatment or conservative therapy.; 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
Internal Medicine	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Moyamoya Syndrome; This request is for a Brain MRI; The study is 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI in 3 months to re-evaluate the syrxinx.; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		No clinical information; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		PATIENT C/O HEADACHE. CT HEAD DONE ON 12-11-18 SHOWED Impression: &#x0D; 1. No acute intracranial hemorrhage.&#x0D; 2. Unchanged hyperdensity, likely calcified focus right parietal region.&#x0D; Potentially could represent a partially calcified meningioma, but is&#x0D; nonsp; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Pt coming for surveillance of brain tumor found on MRI in April 2017. MRI in November showed possible growth, Last MRI in March appeared stable so follow up was pushed out to 6 mos. If next MRI is stable, follow up will be in 9 mos; 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		rec'd call from pt wanting to speak w/ nurse about her constant headaches and vision changes.. wanted to know what she could do...; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; 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		headaches across forehead which is different for the MBR 2 this week and 1 last week; 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	Approval	70450 Computed tomography, head or brain; without contrast material		none; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	pt experienced a fall, striking her face on the ground. She needs a CT head for headaches and CT Maxillofacial to check for fractures of facial bones.; 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	This is a request for a brain/head CT.; Changing neurologic symptoms 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.	8
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 patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
Internal Medicine	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
Internal Medicine	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	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.fct"; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	pt experienced a fall, striking her face on the ground. She needs a CT head for headaches and CT Maxillofacial to check for fractures of facial bones.; 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	Rule out possible demyelinating white matter lesions; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	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.	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.; 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 recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; 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 for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	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 stroke or aneurysm; There are recent neurological symptoms 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 NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	49
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.	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 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.	10
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.	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 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
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.	22
Neurological Surgery	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
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.; 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		Weakness involving plantar flexion and inversion as well as in the hamstring and hip flexor of the left lower extremity. Medial atrophy of the left calf. Mild foot drop; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; Atrophy involving the medial left calf.; Physical therapy as well as pain management 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	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		unknown; This study is being ordered for Congenital Anomaly.; 9/19/2016; There has been treatment or conservative therapy.; scapula pain radiating to left arm with numbness, weakness in all muscle groups; 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	72125 Computed tomography, cervical spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	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; 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 pre-operative evaluation.; There is no known condition of tumor, infection, or 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		Enter answer here - or Type In Unknown If No Info Given &#x0D; &#x0D; LOOKING AT THE HARDWARE FOR THIS TEST.; 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		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.; six months to one year ago; There has been treatment or conservative therapy.; neck pain, back pain with radiculopathy and neuropathy; radiofrequency ablation, medication (tramadol), PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		pain and numbness and weakness of left arm and legs numbness in the chest area and in the thoracic spine mbr is having headaches; This study is being ordered for trauma or injury.; 8/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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	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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		There are 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.	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.	5
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 known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Osteomyelitis	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 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
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		UNABLE TO HAVE MRI &#x0D; chronic neck pain&amp; numbness&amp; tingling in arms &amp; low back pain radicular pain radiating to left hip &amp;leg. Has cervical CT scan she has metallic foreign body in soft tissues of neck has symptoms of cervical myelopathy &amp;lumbar radiculop; This study is 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 neck pain&amp; numbness&amp; tingling in arms &amp; low back pain radicular pain radiating to left hip &amp;leg. Has cervical CT scan she has metallic foreign body in soft tissues of neck has symptoms of cervical myelopathy &amp;lumbar radiculopathy. With inability; There has been treatment or conservative therapy.; chronic neck pain&amp; numbness&amp; tingling in arms &amp; low back pain radicular pain radiating to left hip &amp;leg. Has cervical CT scan she has metallic foreign body in soft tissues of neck has symptoms of cervical myelopathy &amp;lumbar radiculopathy. With inability; 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	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.	2
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		Enter answer here - or Type In Unknown Christi Kemp was seen for initial consultation in the spine clinic on 10/12/18. She is a pleasant 46-year-old female with a history of L5-S1 fusion by Dr. Sills in 2007. At the time of her fusion surgery, she had a; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		Pt with thoracolumbar mass found on MRI needs further work-up with a CT myelogram of the thoracolumbar spine to evaluate the bony anatomy and for nerve root cutoff; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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

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			2
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Provider requesting Ct neck to rule out depth of soft tissue invasion and decide if patient needs to go to wound care or surgery. Patient here with complaint of skin infection at the posterior neck area with laceration, she has erythematous rash with warm; 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
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Pt needs Ct of the neck for palpable mass on the left side of neck. &#x0D; Pt needs Ct of Abdomen and Pelvis for left flank pain, r/o kidney stone.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	5
Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		post hospital check, paroxysmal atrial fibrillation with RVR, near syncope, and TIA.; This study is being ordered for a neurological disorder.; 10/28/2018; There has been treatment or conservative therapy.; Hypothermic, pulse 205, loss of vision, hand paresthesia, and numbness.; Xarelto; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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.	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 been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)			1
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		Pt. had an MRI and he needs a CT to get a better look for stenosis as he trying to do surgery on Pt. MRI didn't show enough for him; 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		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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/7/2018; There has not been any treatment or conservative therapy.; lucency on ct scan, back pain, radiating leg pain, risk for infection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		unknown; This study is being ordered for trauma or injury.; 05/01/2017; There has been treatment or conservative therapy.; back pain, gait problems, myalgia's, neck pain, weakness; pt for 4 weeks, 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	72131 Computed tomography, lumbar spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PT, NSAIDs, 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	72131 Computed tomography, lumbar spine; without contrast material	Brain CT ordered to assess any acute pathology causing headaches, Spine CTs ordered to evaluate hemangiomas and abnormal marrow signal on prior MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Thoracic spine mbr is having headaches; This study is being ordered for trauma or injury.; 8/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
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 not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.;" This patient had an abnormal ultrasound of the neck.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		2
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	AMS; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Headaches more frequently around eyes, no aura, never had neurological eval or imaging for HA/migraines. No seizures; 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	intermittent vertigo which patient states room started spinning for approximately 15-20 minutes associated with nausea and vomiting. Patient states onset was while she was laying in bed. order MRI of the brain to assess for significant growth of microadeno; 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
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Primary symptoms include head spinning, imbalance and room spinning (feels like eye cross and trying to have double vision feels like going to pass out was in er w/ left leg numbness.). The problem quality is intermittent (last 5 - 30 minutes.). Patient r; 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	Pt with left side facial droop. Issues with left eye as well.; 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	Reprocess 11282469 for MRIs per Dr. Coe's notes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Richard H Henderson 42 y.o. male who presents with some issues lately with some tingling in the bilateral arms an numbness and tingling in the face. For about the past few weeks. The tingling in the arms seems to go all the way down to his fingers at time; 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	This 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 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
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 are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	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 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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	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 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
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		Pt with thoracolumbar mass found on MRI needs further work-up with a CT myelogram of the thoracolumbar spine to evaluate the bony anatomy and for nerve root cutoff; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	6
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	4
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	2
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	12
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	22

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	UNABLE TO HAVE MRI &#x0D; chronic neck pain&amp; numbness&amp; tingling in arms &amp; low back pain radicular pain radiating to left hip &amp;leg. Has cervical CT scan she has metallic foreign body in soft tissues of neck has symptoms of cervical myelopathy &amp;lumbar radiculop; This study is 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 neck pain&amp; numbness&amp; tingling in arms &amp; low back pain radicular pain radiating to left hip &amp;leg. Has cervical CT scan she has metallic foreign body in soft tissues of neck has symptoms of cervical myelopathy &amp;lumbar radiculopathy. With inability ; There has been treatment or conservative therapy ; chronic neck pain&amp; numbness&amp; tingling in arms &amp; low back pain radicular pain radiating to left hip &amp;leg. Has cervical CT scan she has metallic foreign body in soft tissues of neck has symptoms of cervical myelopathy &amp;lumbar radiculopathy. With inability ; 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	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.	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.; 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
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.	8
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.	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.; This study is being ordered for a tumor.	1
Internal Medicine	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 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	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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness is 3/5 in bilateral 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

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 4/24/2018; There has been treatment or conservative therapy.; Mid thoracic pain, neck and bilateral arm pain; Oral medications, physical therapy, and home 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	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
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.; 1/26/2018; There has been treatment or conservative therapy.; CHIEF COMPLAINT: Status post left ulnar nerve release back on 10-10-18.&#x0D; &#x0D; HISTORY: Ms. Buchanan is a very pleasant 56-year-old Caucasian female status post the abovementioned operation. She is doing well from that. She is still complaining of neck pain; 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	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1yr; There has not been any treatment or conservative therapy.; abnormal weight loss, fatigue, frequent bowel movements 3-4 times a day, tender mass noted in rectal 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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/18; There has been treatment or conservative therapy.; WEIGHT LOSS, LUNG NODULE, VOMITING; 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
Internal Medicine	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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain 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
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Follow up for cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Follow up to abnormal CT scan.; "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 III-defined ground glass opacity in the right lung apex is nonspecific, and may reflect infection/inflammation. &#x0D; &#x0D; Follow-up CT is recommended in 3-6 months to ensure resolution.; "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	Approval	71250 Computed tomography, thorax; without contrast material			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.; unknown; There has been treatment or conservative therapy.; ; He is doing PT exercise on his own. He is doing push-up on his knees and stretching. He has to avoid pulling his legs straight up. Walking increases his knee pain as well. He avoids bending at his waist. He has to go very slow when he has to do so.&#x0D; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		39 year old female here s/p completion studies. Has tonsillar herniation with posterior severe attenuation of flow beyond FM. Spine OK except for loss of lordosis pf C spine. On dyautonomia treatment. Will schedule SOD reexploration with cranioplasty. She ; This study is being ordered for Congenital Anomaly.; 1/12/18; There has been treatment or conservative therapy.; Patient reports trouble sleeping and night sweats. She reports poor memory, poor coordination, and weakness. She reports frequent sadness, anxiety, and low energy level. She reports palpitations and swelling in the extremities. She reports muscle/joint ac; Craniectomy, suboccipital; exploration/decompression, cranial nerves - 07/11/2018; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		cervical fusion 5,6,7. The patient felt something pop and now she can't move her arm and hand. Just make sure that the fusion is ok and nothing is not messed up. She was doing great until this past weekend.; This is a request for 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.; on the left arm and left hand. surgery was less 3 months ago.; The patient 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		Chronic hydrocephalus; This study is being ordered for a neurological disorder.; 10 years ago/worsening lately.; It is not known if there has been any treatment or conservative therapy.; Gait ataxia/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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 11/7/2017; 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		CT to assess for OPLL and bone quality and MRI to rule out infection versus neoplastic process of the C4 and C5 levels; 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		'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	2
Internal 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	1

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		PT DUE FOR HIS ANNUAL CT 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 has cancer. abnormal x-ray; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 STARTED NIVOLUMAB ON 7/10/18. CT C/A/P ON 9/12/18 SHOWED SLIGHT WORSENING IN ADENOPATHY OF THE CHEST WITH NO METASTATIC DISEASE IN THE ABDOMEN OR PELVIS. DR WANTING NEW CT SCANS 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		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	Approval	71250 Computed tomography, thorax; without contrast material		will attach clinicals; "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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient needing to be evaluated for a possible dissection of the aorta due to flapping of the aortic valve in the heart and enlargement of the aortic root.; 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.; It is not known whether there is a 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		DUE TO HAVING A CERVICAL FUSION, REQUESTING MRI TO CHECK FOR ANY COMPLICATIONS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2018; There has been treatment or conservative therapy.; PATIENT IS HAVING INCREASING NECK AND ARM PAIN WITH MID BACK PAIN.; PATIENT HAS A CERVICAL FUSION AND HAS BEEN DOING 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		Elbow numbness numbness down left leg numbness to left leg; This study is being ordered for a neurological disorder.; 03/13/2018; There has been treatment or conservative therapy.; Neck stiffness numbness x 1 month S/P spine surgery back pain H/A; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Further evaluation for progression of disease. Pt currently on steroids for help with symptoms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor strength of Rt biceps is 4 out of 5; Rt side triceps and hand grip also 4 out of 5; On 12/15/2017 Pt had a pain procedure (diagnostic cervical block) with no relief; Weakness has gotten 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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."; 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		Neurological: Positive for weakness and numbness. Negative for dizziness and facial asymmetry&#x0D; NEUROLOGIC:&#x0D; Mental Status: Alert and language was fluent. There was no dysarthria, no word-finding difficulty, and prosody was normal. Mental status is gross; This study is being ordered for a neurological disorder.; around april 2017; There has been treatment or conservative therapy.; pain in left shoulder that he states radiates down his left arm and sometimes into his left hand&#x0D; Today he comes in saying that he is bothered by neck pain radiating into the left shoulder left shoulder blade to the elbow through the deltoid. It is also ; The treatments that have been tried are: physical therapy and it helped very little., heat and it has not helped., cold and it has not helped., muscle relaxer and it helped while i was having it. and anti-inflammatories and it has not helped...; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The pt had a thoracic spine xray indicating a aneurism of the ascending 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
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.	16
Internal Medicine	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
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	2
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 to be part of a myelogram or discogram.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for trauma or injury.; 11/17/2018; There has not been any treatment or conservative therapy.; Neck pain hurts to turn her neck was recently involved in a car accident&#x0D; Arm pain has some right arm pain in her shoulder down arm&#x0D; Memory loss feels like she is having some difficulty with memory at times&#x0D; Has back pain direct with some pain into her le; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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.; 09/10/2018; There has been treatment or conservative therapy.; Neck pain numbness and tingling in both arms leg pain back pain shoulder pain; Anti inflammatory 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		patient had an EMG, r/o nerve impingement or herniated disc; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; four out of five; The patient 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		Patient has completed 6 weeks of physical therapy and had epidural steroid injections with no pain relief.; 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	Physical Exam &#x0D; Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. &#x0D; Eyes: Pupils are equal, round, and reactive to light. &#x0D; Pulmonary/Chest: Effort normal. &#x0D; Neurological: She is alert and oriented ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/23/18; There has been treatment or conservative therapy.; ; chiropracter , steroids, muscle relaxer, anti-inflammatories. she has been going to Dr. Jarman the chiropractor who has been working on her neck and right shoulder pain. She has been going two to three times a week since she was last seen and referred to; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Suspected Multiple Sclerosis; 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
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; It is not known if the patient 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; No, the patient does not demonstrate neurological deficits.; No, this patient did not have 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 is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.". Known Tumor with or without metastasis	2
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.; It is not known if this patient had 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 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	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.	14
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.	11
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		3
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Chronic T12 compression fracture with 50% reduction of vertical&#x0D; vertebral body height fell on 12/18/18 left leg weakness; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; xray on 12/25/18 shows Chronic T12 compression fracture with 50% reduction of vertical&#x0D; vertebral body height. Fell on 12/18/2018 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 recent evidence of a thoracic spine fracture.	1
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	due to a motor vehicle accident; This study is being ordered for trauma or injury.; 9/5/2018; There has been treatment or conservative therapy.; cervical and thoracic pain; pt has been doing PT for the past month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Lung Cancer: The cancer is moderately differentiated adenocarcinoma. The cancer is located in the right lung middle lobe. Node involvement includes ipsilateral mediastinal nodes. Past treatment has included radiotherapy and chemotherapy. &#x0D; &#x0D; Stanley Bowli; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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.	2
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.; pt fell of a horse and x ray shows t-compression fracture	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.; 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
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Unknown; This study is being ordered for trauma or injury.; July 11, 2018; There has been treatment or conservative therapy.; lower back pain; Chiro, 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back and legs gets weak when walking. Tingling and numbness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
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 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 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	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.; The event which precipitated this pain was a motor-vehicle accident 4/2017. Aggravating factors contributing to the back pain may be a prior motor-vehicle accident ( with neck injury; with whiplash injury; with injuries to the neck and back ). Associate; PT, steroid injections, otc 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		abnormal nerve conjunction study , radiculopathy , pin reflection , increase jerk on left side, muscle weakness in lower bawk; 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	Enter answer here - or Type In Unknown If No Info Given; CHRONIC MIDLINE LOW BACK PAIN; PATIENT FELL WITHIN LAST 7 DAYS AND INJURED BACK; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	SHOULDER PAIN AFTER VISITING CHIROPRACTOR WHEN ELEVATING MORE THAN 90 DEGREES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH AGO; There has been treatment or conservative therapy.; SHOULDER AND BACK PAIN (RADIATING); 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	some diskitis at L5-S1 It was all confined to the disk with a little osteomyelitis; AP and lateral lumbar x-rays revealed some decreased height at L5-S1 but otherwise normal-appearing lumbar x-rays.; 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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does 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.; 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
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 Known or suspected tumor with or without metastasis	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The previous MRI does not have all the sequences, and I would like to repeat an MRI of the cervical spine with and without contrast to get a better idea and for surgical planning.; This is a request for cervical spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled.	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; 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
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.	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; 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?	5
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.	61
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.	5
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 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; Neurological deficits; Pt had a previous surgery at C4-7 and has started having worsening neck pain.; 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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	20

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; Imaging needed to assess adequacy of decompression. We gave some time for the cord to move; 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; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	5
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.	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 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.; Recent back surgery.	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 not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	2
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 neurological 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 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
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; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		unknown; This study is being ordered for a neurological disorder.; 12/2016; It is not known if there has been any treatment or conservative therapy.; pain, decreased dexterity in hands, wearing a brace for back pain and scoliosis, has a drift, orthopedic dr said scoliosis has worsened 7-8 degrees, chiari has developed again too; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		who had bad osteomyelitis and suboccipital abscess. He has since now developed severe pain and weakness in the left upper extremity. I have advised him I would like to get a CT and MRI to evaluate both the hardware as well as to rule out any recurrence ; This study is being ordered for a neurological disorder.; 04/13/2018; There has been treatment or conservative therapy.; PAIN IN BACK/NECK SHOULDERS THAT RADAITE TO HANDS. LEFT HIP TO LEGS AND L ARM TO FINGERS.&#x0D; who had bad osteomyelitis and suboccipital abscess. He has since now developed severe pain and weakness in the left upper extremity. I have advised him I would li; PHYSICAL THERAPY, HEAT, ICE, ALTERED LIFESTYLE 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 4/24/2018; There has been treatment or conservative therapy.; Mid thoracic pain, neck and bilateral arm pain; Oral medications, physical therapy, and home 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

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; November 2017; There has been treatment or conservative therapy.; Constant sharp and radiating pain, to rt & amp; lt knee and thigh, standing and walking aggravate it, wheelchair bound and weakness; Medication, 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	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
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	57
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	15
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.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	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.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	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 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Will FAX; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		2
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	Pt with right hip pain. Abnormal x-ray hip showing.&#x0D; Sclerotic lesion in inferior left acetabulum and additional&#x0D; sclerotic structure overlying the left transverse process at&#x0D; approximately L5-S1 and these may be bone islands or relate to&#x0D; metastatic les; 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
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	R/O:ADENOPATHY , HERNIA,MASS&#x0D; FULLNESS OF RIGHT INGUINAL AREA&#x0D; 10/23/2018 SYMPTOMS STARTED; 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
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	status post fall with now worsening symptoms and pain with ambulation.; 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
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; ; It is unknown if there is recent evidence of a thoracic spine fracture.	1

Neurological Surgery	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.; unknown; There has been treatment or conservative therapy.; ; He is doing PT exercise on his own. He is doing push-up on his knees and stretching. He has to avoid pulling his legs straight up. Walking increases his knee pain as well. He avoids bending at his waist. He has to go very slow when he has to do so.&#x0D; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 malformation and syrinx; This study is being ordered for Congenital Anomaly.; Chiari, syrinx; It is not known if there has been any treatment or conservative therapy.; Chiari, 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		Chronic hydrocephalus; This study is being ordered for a neurological disorder.; 10 years ago/worsening lately.; It is not known if there has been any treatment or conservative therapy.; Gait ataxia/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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		DUE TO HAVING A CERVICAL FUSION, REQUESTING MRI TO CHECK FOR ANY COMPLICATIONS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2018; There has been treatment or conservative therapy.; PATIENT IS HAVING INCREASING NECK AND ARM PAIN WITH MID BACK PAIN.; PATIENT HAS A CERVICAL FUSION AND HAS BEEN DOING 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		Evaluate for radicular issues as well as for adjacent segment issues. She has lower back pain and more pain in her bilateral hips. She has pain in bilateral posterior thighs. She has cold feet at night that are very bothersome to her. She is status post fu; 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 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.; No clinical information	1
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Has been having RLQ pain that radiates to his flank for a few months. Also a spot in his right lower ribcage that is sore. If he misses a BM and is bloated, it gets really painful. Next stool after that will be really dark (black). No blood in stool. R; 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
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Lung Cancer: The cancer is moderately differentiated adenocarcinoma. The cancer is located in the right lung middle lobe. Node involvement includes ipsilateral mediastinal nodes. Past treatment has included radiotherapy and chemotherapy. &#x0D; &#x0D; Stanley Bowli; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		Severe degenerative disease of the L5 with multilevel disc bulge/osteophyte complex and severe apophyseal joint &#x0D; hypertrophy causing multilevel foraminal and spinal canal stenosis. L4-5 severe spinal canal stenosis and S1-2 moderate severe spinal canal stenosis; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
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 suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		SHOULDER PAIN AFTER VISITING CHIROPRACTOR WHEN ELEVATING MORE THAN 90 DEGREES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH AGO; There has been treatment or conservative therapy.; SHOULDER AND BACK PAIN (RADIATING); 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
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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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?	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 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 not an orthopedist.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.; There is documented findings of severe pain on motion.	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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
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 asymmetric reflexes.	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.	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.; 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 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
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.	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.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; Patient is scheduled for a permanent thoracic spine cord stimulator placement.	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Neurological Surgery	Approval	72146 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	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
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	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.	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 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
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		will upload 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 not directed a home exercise program for at least 6 weeks.; flexeril; The patient received medication other than joint injections(s) or oral analgesics.	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 Leg 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 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 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
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.; pt complains of lower back, hip and leg pain; 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 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
Neurological Surgery	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.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right leg weakness and numbness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; it is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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.	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	3
Neurological Surgery	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
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	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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/26/2015; It is not known if there has been any treatment or conservative therapy.; pain, swelling, stiffness weakness and 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	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 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
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.	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.; This study is being ordered for Non-acute Chronic Pain; Swelling 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 ordering physician is not an orthopedist.; This study is being ordered for 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.	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.; This study is being ordered for 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
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; 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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Based on the images and review of previous images today it does not appear that Bobby's L2 fracture has changed since the last exam performed on April 30, 2018. I did offer Bobby a repeat MRI of the lumbar spine in order to assess acuity of the 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Cerebral spinal fluid leak; This study is being ordered for a neurological disorder.; 09/18/2018; There has been treatment or conservative therapy.; Low pressure H/A hearing loss; Oral steroids rx medication NSAIDS OTC medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1



Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Chiari I malformation and syrinx; This study is being ordered for Congenital Anomaly.; Chiari, syrinx; It is not known if there has been any treatment or conservative therapy.; Chiari, 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Elbow numbness numbness down left leg numbness to left leg; This study is being ordered for a neurological disorder.; 03/13/2018; There has been treatment or conservative therapy.; Neck stiffness numbness x 1 month S/P spine surgery back pain H/A; 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Enter answer here - or Type In Unknown IfImpression:&#x0D; Christi Kemp is a 46-year-old female with previous L5-S1 fusion done by Dr. Sills in 2007 with pseudoarthrosis and hardware failure at L5-S1 with low back pain and radiculopathy. This has been respond; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Evaluate for radicular issues as well as for adjacent segment issues. She has lower back pain and more pain in her bilateral hips. She has pain in bilateral posterior thighs. She ha cold feet at night that are very bothersome to her. She is status post fu; 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		Low back and right leg pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		low back pain, mass in low back; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) 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.; This study is being ordered for 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
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.; This study is being ordered for 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.; Immobilization; 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 patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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
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.	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 a suspicion of an infection.; The patient is taking antibiotics.	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 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.	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 foot MRI.; The study is being oordered 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; Surgery or arthrscopy 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

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; 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
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 no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient 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 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 a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
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 steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	3
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 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 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	74150 Computed tomography, abdomen; without contrast material		HX of Hep C; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Neurosurgical consultation required for his on going 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pain since January; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she has an intact neurologic exam in the lower extremities but she has decreased range of motion of the lumbar spine and increased pain with forward bending when upright; The patient does not have new signs or symptoms of 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		post surgical complication; 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		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.	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
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?	4
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.	6

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 Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	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.; 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.; It is not known if the patient has a new foot drop.	2
Internal Medicine	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
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	4
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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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.; 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	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 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	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	2
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		Two areas of hypoechogenicity in the gallbladder may reflect areas of fatty sparing although the focus in the caudate lobe is not a typical location. Recommend pre- and postcontrast triphasic abdomen CT to exclude significant lesion; 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	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.	5
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1yr; There has not been any treatment or conservative therapy.; abnormal weight loss, fatigue, frequent bowel movements 3-4 times a day, tender mass noted in rectal 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/18; There has been treatment or conservative therapy.; WEIGHT LOSS, LUNG NODULE, VOMITING, 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

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		ABDOMENAL BLOATING SUDDEN ONSET; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Chronic 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Continue chemotherapy with CDDP + 5 FU.; Due for cycle # 3 in AM.; Check CT of C/A/P.; Follow up in 4 weeks.; - CBC WITH DIFFERENTIAL.; - COMPREHENSIVE METABOLIC PANEL.; - MAGNESIUM LEVEL.; - CBC WITH DIFFERENTIAL.; Future.; - COMPREHENSIVE METABOLIC PANEL.; Fu; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 a history of kidney stones and was recently treated for a UTI, but has persistent hematuria and left 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 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt has cancer. abnormal x-ray; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 STARTED NIVOLUMAB ON 7/10/18. CT C/A/P ON 9/12/18 SHOWED SLIGHT WORSENING IN ADENOPATHY OF THE CHEST WITH NO METASTATIC DISEASE IN THE ABDOMEN OR PELVIS. DR WANTING NEW CT SCANS 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		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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		STAGE IA GIST OF THE ILEUM. PT DUE FOR HER 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		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	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.; It is not known if the urinalysis results were normal or abnormal.; 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.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2

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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or 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 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
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	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 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
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 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
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.; 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.; It is not known if the study is requested for hematuria.; The patient has Crohn's Disease.; 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	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 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	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 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
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
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 not have 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	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
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.	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.; 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	108

Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		patient is candidate for SI Joint Injections; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Neurological Surgery	Approval	72196 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
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.; 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
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Neurological: Positive for weakness and numbness. Negative for dizziness and facial asymmetry&#x0D; NEUROLOGIC:&#x0D; Mental Status: Alert and language was fluent. There was no dysarthria, no word-finding difficulty, and prosody was normal. Mental status is gross; This study is being ordered for a neurological disorder.; around april 2017; There has been treatment or conservative therapy.; pain in left shoulder that he states radiates down his left arm and sometimes into his left hand&#x0D; Today he comes in saying that he is bothered by neck pain radiating into the left shoulder left shoulder blade to the elbow through the deltoid. It is also ; The treatments that have been tried are: physical therapy and it helped very little., heat and it has not helped., cold and it has not helped., muscle relaxer and it helped while i was having it. and anti-inflammatories and it has not helped.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	8
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 not completed and failed a course of conservative treatment of at least 4 weeks.;	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 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
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.	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 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
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 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
Neurological 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 IfImpression:&#x0D; Christi Kemp is a 46-year-old female with previous L5-S1 fusion done by Dr. Sills in 2007 with pseudoarthrosis and hardware failure at L5-S1 with low back pain and radiculopathy. This has been respond; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	3. Headache - recommend CT head w/o contrast; 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
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 tumor outside the brain.; Known or suspected tumor 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	will fax; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The caller doesn't know if the patient had an audiogram.; 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
Neurological 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	Terry Watson is a 51 y.o. male is post-concussion, still having HA, neck pain, dizziness, zoning out, memory loss; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Confusion/delirium, altered LOC, unexplained&#x0D; Visual loss, sudden onset; physical therapy , muscle relaxers, steroids, spinal injections, nsaid and heat therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	History of cluster headaches on left which have not recurred. Known right temporal cyst. Negative prior MRA. Here to follow up. Occasional left pain in temporal region. Neuro - intact. family history of CNS cancer and aneurysms; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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 being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Neurological Surgery	Disapproval	70551 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 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	Yearly follow up scans after surgery. Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 10/6/2017; There has been treatment or conservative therapy.; This is for follow up scans from surgery on 12/11/17. Clinicals to be uploaded.; Status post craniectomy suboccipital decompression 12/11/2017.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological 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	2
Neurological Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 9/19/2016; There has been treatment or conservative therapy.; scapula pain radiating to left arm with numbness, weakness in all muscle groups; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	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
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&#x0D; SURGERY IS NEEDED, DON'T WANT THE AREA TO COLLAPSE; 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	evaluation of loosening hardware; The patient does have neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to 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, &#x0D; Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain-with numbness, weakness, and pain in LE, LLE worse than RLE. Pt had ACDF 04/2015 and she states that her neck has been hurting ever since the sx. Pt states it is difficult for her to turn her neck from side to side. Pt also states that she h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain 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
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Present for three years, uses TENS unit, taking an anti-inflammatory; 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	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
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	2.5 months post surgery; uses wheelchair for long distance, pt showing instability, myalgias, mild GI pain, 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.; 9/28/2018; There has been treatment or conservative therapy.; constant back and leg pain, burning, shooting, stabbing, leg/arms hurt when trying to straighten them, weakness, incontinence; rehab, medication, Lidocaine patch; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	I have advised that I would recommend getting her set up for CT imaging. There was a concern about a retained epidural catheter. The CT would do a much better job picking this up than MRI. If we do not see any other pathology, we will likely refer her ; This study is being ordered for a neurological disorder.; 2018 AUGUST, EXACT DATE UNK; There has been treatment or conservative therapy.; The patient has MRI that shows no significant compressive changes. &#x0D; She comes in today with complaints of severe pain and sacral pain with a little bit of pain going down to the legs, but mostly in the back itself. She denies any weakness or bladder or ; MEDICATIONS, ICE, HEAT, 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
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	I have advised that I would recommend getting her set up for CT imaging. There was a concern about a retained epidural catheter. The CT would do a much better job picking this up than MRI. If we do not see any other pathology, we will likely refer her ; This study is being ordered for a neurological disorder.; 2018 AUGUST, EXACT DATE UNK; There has been treatment or conservative therapy.; The patient has MRI that shows no significant compressive changes. &#x0D; She comes in today with complaints of severe pain and sacral pain with a little bit of pain going down to the legs, but mostly in the back itself. She denies any weakness or bladder or ; MEDICATIONS, ICE, HEAT, 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
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar 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.; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2 wks ago; There has been treatment or conservative therapy.; weakness, pain and numbness; PT and injecties; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This has been going on for about 5 years; There has been treatment or conservative therapy.; Weakness, radiculopathy, pain; PT, chiropractic visit, 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



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	1
Internal Medicine	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
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	10
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 abnormal.; 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 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
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	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 are unknown.; Yes this is a request for a Diagnostic CT	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.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Failed conservative therapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck pain and back pain with radiculopathy; 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	Further evaluation for progression of disease. Pt currently on steroids for help with symptoms; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor strength of Rt biceps is 4 out of 5; Rt side triceps and hand grip also 4 out of 5; On 12/15/2017 Pt had a pain procedure (diagnostic cervical block) with no relief; Weakness has gotten 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	Pt with headaches caused by neck pain which she describes as severe, muscle spasms with palpitation to neck and limited range of motion due to pain, flexion and extension of neck causes headache to worsen; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Rule out disc herniation; This is a request for 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 upper extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She was instructed to follow up with us in 6 weeks if she had no improved than we would proceed with MRI.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Short Term Goals: Patient independant in Home Exercise Program, Patient able to move from supine to sit to stand with correct technique, Patient able to demonstrate correct sitting and standing posture, David compliance of at least 80% &#x0D; Long Term Goals P	1
Neurological Surgery	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.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Neurological Surgery	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. owns a gym and exercises regularly.	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.	3
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.	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.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Disapproval	72141 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; bypass; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Disapproval	72141 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
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 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

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.; 7/1/2018; There has been treatment or conservative therapy.; pain, numbness and tingling in arms and hands, sciatica, Pt can "hardly walk"; oral pain meds, muscle relaxers, epidural 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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Yearly follow up scans after surgery. Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 10/6/2017; There has been treatment or conservative therapy.; This is for follow up scans from surgery on 12/11/17. Clinicals to be uploaded.; Status post craniectomy suboccipital decompression 12/11/2017.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	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.;"	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	r/o fracture of the thoracic spine	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.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	30 yrs female s/p fall with T12 compression fracture. Pt states that back pain hasn't improved. Pt complains of bilateral numbness and tingling involving the posterior back of the leg. Pt states that she has problems with ambulation.; 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	I have advised her she has a very complex spine, especially at 4-5, but she also has evidence of myelopathy. I have advised her I would like to get MRI of the thoracic spine secondary to the amount of myelopathy she has with ambulation. I would also lik; This study is being ordered for a neurological disorder.; 07/17/2017; There has been treatment or conservative therapy.; severe back pain as well as pain radiating down into the legs. She has severe trouble on that left side with regards to pain.&#x0D; The patient has MRI that does show some pretty significant troubles on the left side, but she does have a little bit of a spasti; YES,&#x0D; PHYSICAL THERAPY, SPINE INJECTIONS, ICE, HEAT, MEDICATION, 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
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient not doing well with Physical therapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Completed 8 visits in physical therapy. Patient has thoracolumbar scoliosis. A not doing well with total spine. Will redo lumbar MRI scan and will go ahead get thoracic MRI scan.; There has been treatment or conservative therapy.; Still notes pain in between her shoulder blades mainly sitting long periods. She notes the lower back is a constant pain. Pain will occasionally radiate into the buttocks.; Physical therapy 2 x 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	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
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.; She has some discomfort in the thoracolumbar junction.&#x0D; &#x0D; x-rays that did not show clear evidence of ankylosing spondylitis.; 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 recent fracture on previous imaging studies.	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 a neurological disorder.; January 2018; There has been treatment or conservative therapy.; Chronic back pain; PT, steroid injections, medications, and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	3
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 9/2/18; There has been treatment or conservative therapy.; BACK PAIN, WEAKNESS, NECK PAIN; MEDICATIONS, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 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	3
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.; Patient has bilateral pars defects and experiencing back pain. Patient has currently undergone physical therapy with no improvement.&#x0D; &#x0D; Patient is having bilateral hand numbness, neck pain, and has upper arm muscle fasciculations.; There has been treatment or conservative therapy.; bilateral pars defects, back pain, neck pain, and hand numbness.; Patient has had physical therapy on her back.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 trauma or injury.; APX, AUG 22,2018 SHE FELL IN BATHTUB.Dr. Dietze did an L4-5 laminectomy on her on 11/17/17. She states about 4 months ago she slipped in the bathtub and fell flat on her back. Since that time, she has had some severe low back pain and neck pain. With r; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	2 previous back surgeries; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	24 yrs female with a history of low back pain and lower extremity symptoms. Pt had ESI with no improvement. Pt states that back pain is getting worse. Pt has difficulty with ambulation due to pain; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Low back pain, weakness, numbness, tingling and pain in LE, RLE can be worse than LLE; Lumbar radiculopathy - Recommend MRI l spine; F/U after imaging; MS4.16: Radiculopathy, lumbar region; 24 yrs female with a history of low back pain and lower extremi; 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	30 yrs female s/p fall with T12 compression fracture. Pt states that back pain hasn't improved. Pt complains of bilateral numbness and tingling involving the posterior back of the leg. Pt states that she has problems with ambulation.; 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	Failed conservative therapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck pain and back pain with radiculopathy; 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	for lumbar mri, wanting to check for any surgical changes.; for cervical mri, wanting to review to set up a treatment plan.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30/2017; There has been treatment or conservative therapy.; The patient does have some new right lower extremity pain and buttock pain. She does have positive pyriformis findings on exam.the patient is also having some neck pain.; PATIENT HAS HAD A LUMBAR FUSION 2 MONTHS AGO AND HAS BEEN IN PHYSICAL THERAPY FOR BOTH LUMBAR AND 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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	HAS RADICULAR SYMPTOMS RADIATING DOWN THE BACK OF BILATERAL LEGS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 4 OFUT OF 5 STRENGTH FOR KNEE EXTENSION AND HIP FLEXION; The patient does not have new signs or symptoms of 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	Low back pain-with numbness, weakness, and pain in LE, LLE worse than RLE. Pt had ACDP 04/2015 and she states that her neck has been hurting ever since the sx. Pt states it is difficult for her to turn her neck from side to side. Pt also states that she h; 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	Lumbar spine pain is aggravated by bending over, standing for prolonged periods, walking for long distances, and sitting, pressure to the tailbone. and is 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.; Has been a problem for 2 years.; There has not been any treatment or conservative therapy.; Lumbar spine pain is described as sharp and associated with tail bone pain with some tingles in right buttocks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 not doing well with Physical therapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Completed 8 visits in physical therapy. Patient has thoracolumbar scoliosis. A not doing well with total spine. Will redo lumbar MRI scan and will go ahead get thoracic MRI scan.; There has been treatment or conservative therapy.; Still notes pain in between her shoulder blades mainly sitting long periods. She notes the lower back is a constant pain. Pain will occasionally radiate into the buttocks.; Physical therapy 2 x 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	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 have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Neurological Surgery	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)	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 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 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 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	4
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 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	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 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	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 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
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.; 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
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Has been having RLQ pain that radiates to his flank for a few months. Also a spot in his right lower ribcage that is sore. If he misses a BM and is bloated, it gets really painful. Next stool after that will be really dark (black). No blood in stool. R; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; It is not known if there are 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
Neurological Surgery	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.; Neurological deficits; 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	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness; The patient does not have new signs or symptoms of 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; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have 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	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 is not 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.; The last Lumbar Spine MRI was performed within the past 10 months.	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.; January 2018; There has been treatment or conservative therapy.; Chronic back pain; PT, steroid injections, medications, and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	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	2
Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	57 yrs female with a history of low back pain for many years. Pt has numbness and tingling in the lower extremities. Pt states that symptoms are worse at night time and with activity. Pain with ambulation. Failed conservative management-Had an ESI which d; 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
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 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
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 or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" Pancreatitis	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 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.;" ULTRASOUND OF THE ABDOMEN WAS REVIEWED-GALLBLADDER POLYPS AND MULTIPLE LIVER LESIONS	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.;	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.;"	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.;" suspicious lesion found on 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 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.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	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.	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.	4
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).	2
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Lumbar spine pain is aggravated by bending over, standing for prolonged periods, walking for long distances, and sitting, pressure to the tailbone. and is 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.; Has been a problem for 2 years.; There has not been any treatment or conservative therapy.; Lumbar spine pain is described as sharp and associated with tail bone pain with some tingles in right buttocks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Unfortunately the patient has continued right lower back pain despite the facet treatments with reduction by only 50%. There is no radicular pain. Perhaps the pain is coming from the right SI joint; This is a request for a Pelvis MRI; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Neurological Surgery	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2018; There has been treatment or conservative therapy.; headache, blurred vision, and N&amp;V; 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	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.; 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	Approval	70450 Computed tomography, head or brain; without contrast material		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.	1
Neurology	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"	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 with complaint of chest pain, shortness of breath, palpitations, and edema. Patient has a history of hyperlipidemia and hypertension. Patient has a family history of CAD and is a truck driver by profession. Patients BMI is 42.14. Patient states he; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		States that she has been chest pressure and sharp pain for the past 3 weeks, states that this is intermittent, states that the sharp pain lasting only a few seconds, but the pressure lasting about 10 minutes and she has to take 2 ASA to make it go away, h; 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 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.	3
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 suspected CAD.; 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.; The patient 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/14/2017; There has been treatment or conservative therapy.; timmers; medication and Ct scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2018; There has been treatment or conservative therapy.; headache, blurred vision, and N&amp;V; 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		; 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Headache &#x0D; Onset: 3 weeks ago. Severity: moderate-severe. It occurs constantly. The problem is worse. Location is frontal right, parietal left, parietal right and occipital. There is radiation to neck. The describes it as dull and pressure. Denies; This study is being ordered for a neurological disorder.; 10/05/2018; There has been treatment or conservative therapy.; Headache &#x0D; Onset: 3 weeks ago. Severity: moderate-severe. It occurs constantly. The problem is worse. Location is frontal right, parietal left, parietal right and occipital. There is radiation to neck. The describes it as dull and pressure. Denies; good health in general, lost 50 pounds this year, treated like Lupus, never had much of a headache, but tuesday she was about to go to the ER it was so severe. She sees Dr Broadwell for rheumatology and her dad and his sister had aneurysms. she took a me; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The patient is here today for a follow up visit. During the last visit visit in February 2016. The patient is here today for a new problem.&#x0D; &#x0D; The patient complains of having difficulty walking and balance. The patient complains that she has a tendency; This study is being ordered for a neurological disorder.; The patient is here today for a follow up visit. During the last visit visit in February 2016. The patient is here today for a new problem.&#x0D; &#x0D; The patient complains of having difficulty walking and balance. The patient complains that she has a tendency; There has been treatment or conservative therapy.; The patient appears to be suffering from multiple different problems. The first one appears that the patient is having restless legs syndrome. I will begin her on a low dose of Requip 1mg at night to help with this. She will continue the Neurontin.&#x0D; &#x0D; ; The patient appears to be suffering from multiple different problems. The first one appears that the patient is having restless legs syndrome. I will begin her on a low dose of Requip 1mg at night to help with this. She will continue the Neurontin.&#x0D; &#x0D; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 for a follow up to his 05/12/18 cerebral angiogram.; This study is 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.; Headaches, Migraines, Visual Changes; DIAGNOSTIC CEREBRAL ANGIOGRAM on 05/12/18, Hydrocodone, 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
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.; 09/05/2018; It is not known if there has been any treatment or conservative therapy.; Right arm numbness, visual loss, difficulty walking.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; 9/25/18; There has been treatment or conservative therapy.; weakness, dizziness; physical therapy, pt is on medications, blood thinners; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; approximately 1 year ago; It is not known if there has been any treatment or conservative therapy.; recurrent syncope & vertigo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	15
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2017; There has not been any treatment or conservative therapy.; numbness, tingling, burning pain and weakness of upper and lower extremities. Severe worst headache of patients life.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/11/2018; There has been treatment or conservative therapy.; vertigo, head spinning, vision defects, nausea, balance off, frontal headaches.; oral 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
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.	11
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 a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	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 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.; 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.	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.; PATIENT CURRENTLY TAKING IV HERCEPTIN AND HER LAST MUGA SHOWED A DECREASE FROM 8/30/18 58% TO 11/21/18 47-48%. NEED TO REPEAT PRIOR TO NEXT DOSE HERCEPTIN.	1
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.	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.; 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	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	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.; 9/20/2018; There has been treatment or conservative therapy.; Dizziness, fatigue, diminished energy; Aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; Been going on for the last six months; It is not known if there has been any treatment or conservative therapy.; Subcortical stroke left corona radiata about 2 years ago. At the time he had right facial arm and leg weakness. Over time this has essentially resolvedOver the last 6 months he has experienced episodes of syncope. He averages 2-3 of these episodes a we; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Mrs. Moss is crying in the room today, rocking back and forth complaining of a severe headache. She is accompanied today by her spouse. The patient complains that she has had headaches since childhood. The patient complains that in the past six months ; This study is being ordered for Vascular Disease.; May 2018; There has been treatment or conservative therapy.; Mrs. Moss is crying in the room today, rocking back and forth complaining of a severe headache. She is accompanied today by her spouse. The patient complains that she has had headaches since childhood. The patient complains that in the past six months ; 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		Pt is experiencing Dementia symptoms with recent CVA and TIA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.; Patient getting chemotherapy, doctor wanting to assess heart function.	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 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	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
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; 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
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 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 another solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		PT IS HAVING INCREASED BLURRED VISION AND DIZZINESS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt is having increased dizziness and has hx of CVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The patient's history is suspicious for a TIA vs complex partial seizure activity. Given the history of amaurosis fugax I would like to obtain a CTA of the head/neck as well as an echocardiogram. I have asked the patient to begin a daily aspirin with fo; This study is being ordered for a neurological disorder.; Mrs. Stewart is a 56 year old white female, who presents to the clinic today for a neurological consultation for memory loss. She is accompanied by her husband, John. &#x0D;&#x0D; The patient complains that about a year ago she started having black out spells.; There has been treatment or conservative therapy.; Iblem # 1: Memory loss (ICD-780.93) (ICD10-R41.3)&#x0D; Assessment: New&#x0D; &#x0D; Orders:&#x0D; Ofc Vst, New Level IV (CPT-99204)&#x0D; &#x0D; &#x0D; Problem # 2: Transient alteration of awareness (ICD-780.02) (ICD10-R40.4)&#x0D; Assessment: New&#x0D; &#x0D; Orders:&#x0D; Ofc Vst, New Level IV (CPT-99204)&#x0D; &#x0D; &#x0D; The patient's history is suspicious for a TIA vs complex partial seizure activity. Given the history of amaurosis fugax I would like to obtain a CTA of the head/neck as well as an echocardiogram. I have asked the patient to begin a daily aspirin with fo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 08/2018; There has been treatment or conservative therapy.; Mild cognitive impairment. History of CVA. R/O tumor. Looking for seizures.; Brain MRI was performed on 09/04/2018.; 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	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.; 10/1/2018; There has been treatment or conservative therapy.; TIA, stroke, dizziness, gait disturbance, nausea, headaches, blurred vision; 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		Unknown; This study is being ordered for Vascular Disease.; March 2018; There has been treatment or conservative therapy.; Unknow; 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	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.; 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
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.; 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	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Pt having TA symptoms, gait instability, trouble walking, slurred speech, blurred vision; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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	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 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
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 Mass.; This is for the initial evaluation of a cardiac mass.	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 evaluation of new or changing symptoms of valve disease.	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;		none; 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.; 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.	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.; Unknown; There has been treatment or conservative therapy.; Unknown; ASA 81mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70498 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.	7
Neurology	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.	1
Neurology	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

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.	3
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.	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	70544 Magnetic resonance angiography, head; without contrast material(s)		; This study is being ordered for Vascular Disease.; 08/08/17; There has been treatment or conservative therapy.; headaches, earaches, weakness; Aspirin 325 mg Daily, and Plavix 75 mg Daily, and Atorvastatin 80 mg Daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Enter answer hereSTROKE, HEADACHES, ABNORMAL GAIT AND MOBILITY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here10/11/2018 - or Type In Unknown If No Info Given; There has not been any treatment or conservative therapy.; Describe primary symptoms here HEADACHES, ABNORMAL GAIT AND MOBILITY - 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	70544 Magnetic resonance angiography, head; without contrast material(s)		pt has risk factors for stroke in her dad. she presented w/ left sided numbness and tingling x3 years on and off lasting for a few days involving whole left side (face, arm, and leg). Started 3 years ago in her leg and has gradually progressed up per the ; 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	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; 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 has not quit smoking.	6
Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		MRCP recommended by radiologist when reviewing US Gallbladder - Very mild pancreatic duct dilation, nonspecific. MRCP may be of benefit.&#x0D; &#x0D; Epigastric abdominal pain, bloating, elevated liver enzymes; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Internal Medicine	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.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
Internal Medicine	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 requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset 03/01/18; There has been treatment or conservative therapy.; Describe primary symptoms here - Neck/Head Tremor x7-8 months but is worsening, Intermittent Blurred vision x1mo,neck stiffness and pain, difficulty walking.; Describe treatment / conservative therapy here - medrol dose pack , flexeril 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	; This study is being ordered for trauma or injury.; 10/22/2018; There has not been any treatment or conservative therapy.; Low back pain, trauma, left shoulder 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
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		syncope.; 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)		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.	2
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.	5
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.	12
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.	6
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		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
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		unknown; This study is being ordered for a neurological disorder.; 11/01/2018; There has been treatment or conservative therapy.; dizziness, gait disturbance, numbness, headaches, performance changes, vertigo; 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	70547 Magnetic resonance angiography, neck; without contrast material(s)		Enter answer hereMULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here10/08/2018 - 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 MULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY- 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	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.	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 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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Headaches: He has been having worsening headaches for the past several weeks, especially at night, sometimes he has a hard time falling asleep due to significant pain, he has been on Elavil which used to help in the past but his pain has been worsening, h; 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	Patient has decreased memory with headaches. positive for confusion and memory loss. Headaches are very frequent but are not incapacitating. Bilateral and frontal headaches. Not focusing well.; 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 suffers with headache for four weeks accompanied w throbbing lt eye.; 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.; 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
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 NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	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 a known or suspected tumor.; 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.; 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 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	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2018; There has not been any treatment or conservative therapy.; neck 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
Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 12/2017; There has been treatment or conservative therapy.; headaches, eye pain., 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
Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/2017; There has not been any treatment or conservative therapy.; see diagnosis codes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	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.; 2010; There has been treatment or conservative therapy.; She has been confirmed by genetic testing here at UAMS for HHT/juvenile polyposis syndrome. She has epistaxis, telangiectasias, and 2 children who also tested HHT positive; PERFORATION/SURGICAL 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	2
Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; 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.; unknown; There has been treatment or conservative therapy.; Near syncope, dizziness, Left hand and arm pain, Gripping problem, vertigo, hearing loss, Shakiness; Meclazine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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).	2



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.; 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	; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; She has been confirmed by genetic testing here at UAMS for HHT/juvenile polyposis syndrome. She has epistaxis, telangiectasias, and 2 children who also tested HHT positive; PERFORATION/SURGICAL 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
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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; This study is being ordered for a neurological disorder.; 10/10/2018; 10/10/2018; There has not been any treatment or conservative therapy.; There has not been any treatment or conservative therapy.; seizures, previous stroke, cervicalgia.; seizures, stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;;Sept 20,2014; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;brain lesion and sprinal; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;;On ms related 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/7/2018; There has been treatment or conservative therapy.; member has HX of stroke issue with short term memory Numbness and tingling in arm and leg Night Sweats Dizziness; Medication, PT, and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 12/2017; There has been treatment or conservative therapy.; headaches, eye pain.; 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Rx 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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Short term memory loss increased. Labs within normal limits. Requesting further imaging; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	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.	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 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
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 being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Internal Medicine	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; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 1 year; There has been treatment or conservative therapy.; dizziness blurred vision numbness in hands and toes burning hot pain in foot; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; HEADACHES, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/18; There has been treatment or conservative therapy.; neck pain, numbness, dizziness; chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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 has a chronic or recurring headache.	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 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
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.; 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

Internal Medicine	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 was not completed.; The patient is experiencing dizziness.	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non 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	; 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	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; She has been confirmed by genetic testing here at UAMS for HHT/juvenile polyposis syndrome. She has epistaxis, telangiectasias, and 2 children who also tested HHT positive; PERFORATION/SURGICAL 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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	c/s for examination, no symptoms listed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; c/s adult examination, onset given as today; There has not been any treatment or conservative therapy.; c/s for examination only; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	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
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 patient had 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 study is 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.; loss of right vision, numbness and tingling rt leg.; Tecfidera, Rebif, Ocrevus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		; This study is being ordered for Vascular Disease.; 08/08/17; There has been treatment or conservative therapy.; headaches, earaches, weakness; Aspirin 325 mg Daily, and Plavix 75 mg Daily, and Atorvastatin 80 mg Daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		35 year old woman with history of episodic muscle weakness during pregnancy, vertigo soon after delivery, and now with recent onset of left leg and left thoracic paraspinal sensory loss. Given her mom's history of MS, demyelinating disease is on the diffe; 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		36 year old man with progressive, diffuse weakness and gait imbalance. CNS imaging was unremarkable 1 year ago, but he has some myelopathic signs this time worrisome for change. EMG is essentially normal with exception of very mild slowing of the left per; This study is being ordered for a neurological disorder.; June 2017; There has been treatment or conservative therapy.; left lower extremity weakness and numbness. He continues to have weakness and numbness throughout his legs too. His left leg is worse in comparison to the right. He has fallen a couple of times due to this. Over time he has noticed worse tingling througho; He states that he completed several rounds of physical therapy with temporary relief. He is currently in a pain contract with his primary care doctor. He is prescribed Hydrocodone, Gabapentin, and Flexeril with mild 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Back pain. Pt recently started seeing pain management. Pt has numbness pain and tingling to both arms. Post-traumatic syrxn,abnormal; decreased sensation right hand, Exam: hoffman's neg, spurling's pos. clonus neg, limited ROM of cervical spine in all p; 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		Change in headache frequency last 7 months; This 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		Chronic refractory migraine. Now with chronic daily headache of 6 months duration; This 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		Chronic tension type headache. Patient had one episode of "thunderclap" headache by her history. Presented to the ER on this date, 11.5.18 had a CT the brain without contrast which was negative. Would recommend MRI with MRA to rule out aneurysm.; 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		double vision, blurred vision, dysphasia, ataxia, hand numbness, headaches.; This study is being ordered for a neurological disorder.; 09/20/2015; There has not been any treatment or conservative therapy.; double vision, blurred vision, dysphasia, ataxia, hand numbness, 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		headache, vision changes, imbalance, attention/concentration deficit; 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		I don't have a copy of the mri in the chart.. She does have a history of headaches; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.; This is NOT a Medicare member.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		last mri was in 2011.; 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		MIGRAINE HEADACHES NOT RESOLVED WITH TREATMENT,SPINAL FLUID ABNORMAL-R83.9 PROTEIN-R83.8; This study is being ordered for Inflammatory/ Infectious Disease.; 11/09/2018; There has not been any treatment or conservative therapy.; SEVERE HEADACHE NOT RESOLVING WITH TREATMENT, ELEVATED SPINAL PROTEIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		MIGRAINE HEADACHES, Started 20 years ago. Throbbing, bilateralIn frontal region, 8/10 in severity, aggravated by noise, Not affected by light., not associated with vomiting. Lasts for 48-72 hours, they occur10 days per month. No particular warning signs. ; This 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Migraines started about a month ago. Worst headache of her life lasted for 2 days. Medication made her loopy. The left side of head pain has lasted everyday. No family history of 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, tremors, trauma 2 weeks ago, moody.; 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		MRI requested for 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		Ms Artman is a 45 yo old woman who presented with constellation of symptoms which have been progressively worse over the last two years. She reports fatigability , myalgias, neck and back pain, stiffness in her feet and difficulty with walking. Exam signif; 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		Ms. Griffin is a 55 year old woman who comes to the clinic today for evaluation of migraines. She has been having migraines for several years but over time she has started to notice visual changes with these and this has been getting worse with time. As s; This study is being ordered for a neurological disorder.; Ms. Griffin is a 55 year old woman who comes to the clinic today for evaluation of migraines. She has been having migraines for several years but over time she has started to notice visual changes with these and this has been getting worse with time.; There has been treatment or conservative therapy.; Ms. Griffin is a 55 year old woman who comes to the clinic today for evaluation of migraines. She has been having migraines for several years but over time she has started to notice visual changes with these and this has been getting worse with time.; Topamax, Wellbutrin, Zolof; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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

Internal Medicine	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
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.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	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 is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
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	5
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	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAD AN ULTRASOUND SHOWING MULTIPLE LARGE LESIONS ON THE LIVER AND PANCREAS, CHECKING FOR METASTASIS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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 none of the above.; 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		MULTIPLE SCLEROSIS, BILATERAL FRONTAL LESIONS, PAIN IN PELVIS, LOWER EXTREMITIES, FATIGUE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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		new onset headache with vertigo and ataxia; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is referred here for evaluation of headaches. She started having episodes of headache 3 months ago. Her headache involves both sides of head; which's throbbing headache, associated with photophobia, phonophobia, and nausea. She has no loss of con; 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		Patient reports that she had a seizure this AM (10/01/2018)while she was walking from her bedroom to another room, and the next thing she knew, she was on the floor. She does not remember much from this morning.; 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 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 return to clinic today follow-up for tic syndrome. He was last evaluated in April 2018. At that time he was on Risperdal and Klonopin. Since that is discontinued both stating it was not helping him and had no effect on the tic itself. He was s; 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		Pt has had a recent onset of memory loss that is progressively 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
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10/22/2018; There has not been any treatment or conservative therapy.; Low back pain, trauma, left shoulder 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
Internal Medicine	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
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Determination of cause for pain.; This study is being ordered for a neurological disorder.; Patient has a chief complaint of back pain that he states started back in 2008 when he was in a car accident. Patient states that it started off as neck pain but radiates down into his thoracic and lumbar spine now. Patient says that the most significant ; There has not been any treatment or conservative therapy.; Patient has a chief complaint of back pain that he states started back in 2008 when he was in a car accident. Patient states that it started off as neck pain but radiates down into his thoracic and lumbar spine now. Patient says that the most significant ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Internal Medicine	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
Internal Medicine	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
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Determination of cause for pain.; This study is being ordered for a neurological disorder.; Patient has a chief complaint of back pain that he states started back in 2008 when he was in a car accident. Patient states that it started off as neck pain but radiates down into his thoracic and lumbar spine now. Patient says that the most significant ; There has not been any treatment or conservative therapy.; Patient has a chief complaint of back pain that he states started back in 2008 when he was in a car accident. Patient states that it started off as neck pain but radiates down into his thoracic and lumbar spine now. Patient says that the most significant ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Right side head pain, right side vision loss.; This study is being ordered for a neurological disorder.; 01/05/2018; There has been treatment or conservative therapy.; Intractable right side orbital pain and headache with vision loss on right side.; Rizatriptan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		ruling out multiple sclerosis; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; fatigue, pain and paroxysmal symptoms, leg pain, deep in thigh occurs regularly, numbness and tingling, twitching, tremors to right hand, urinary frequency and incontinence of bowels, falls 2-3 times a week, double vision episode 6/2018, saogren's ; vitamin D3, exercises twice a week, strength training, Canadian physical activity, Mediterranean style 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

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		She is 23 years old right handed female, who presents with 1 year history of intermittent sharp electric shock pain over the lower jaw up to her temporal region. Her pain is exacerbated by talking, shewing and touching her left face. She denies facial num; 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		Think recurrent, epilepsy , history of multiple concussions, history of brain surgery; 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 for follow up from 7/20/18. Patient presented to ER with complains of a severe headache. She was post-partum, having giving birth on 7/11 w/out complications. Her headache occurs in the back of back and some in the back of her neck. Nothing alle; This 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
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 is experiencing dizziness.	1
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	no more info given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has been treatment or conservative therapy.; Chronic back pain; Patient has been follow by pain clinic for 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 speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; 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
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2017; There has been treatment or conservative therapy.; Low back pain and neck pain; Medication and PT at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality 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 weakness.; weakness and grinding sound; The patient 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	; This study is 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 speciality 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	failed conservative measures, persistent pain, worsening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years ago; There has been treatment or conservative therapy.; upper back middle and neck pain, radiates to right arm, deep shooting and throbbing pain.; chiropractic care, medications, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 10/10/18; There has not been any treatment or conservative therapy.; mass on back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Painful for pt to look up or turn to 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.; weakness when trying to lift left arm; decreased range of motion when turning to the left and looking up; The patient 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	This is a 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
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; 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	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; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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.;	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.; c/o neck pain. mod and worsening. occasionally gets some numbness on right side. pops 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; No, the patient does not demonstrate neurological deficits.; This pain started approximately 2 years ago. Some times ibuprofen helps but mostly just dulls the pain, does not make it go away	1
Internal 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 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.; Cervical neck pain, Thoracic back pain, lumbar 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	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.;" He also continues to have mid to low back pain. It hurts every day. He is taking meloxicam for it. But it does not seem to be helping either	1
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does 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
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.; 17y/o who has had chronic back pain for couple years and now having worsening pain w some tingling and numbness down the back of both legs.; 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 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.; upload clinicals; 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	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
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; It is not known if there has been any treatment or conservative therapy.; Cervical neck pain, Thoracic back pain, lumbar 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
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	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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	been referred to a surgeon, have curvature of the spine, need this study for pre-op planning; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	having chronic pain, muscle aches, arthralgias/joint pain, and back pain. 07/19/2018 xray pedicle screw fusion w disc implant cages is present at l5-s1 hardware is in good position. alignment of lumbar spine is normal.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He also continues to have mid to low back pain. It hurts every day. He is taking meloxicam for it. But it does not seem to be helping either; 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	INCREASING PAIN DESPITE SOLUMEDROL INJECTIONS; 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	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.; 10/10/18; There has not been any treatment or conservative therapy.; mass on back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mild multilevel degenerative disease.; 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
Internal Medicine	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
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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Internal Medicine	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.; 09/10/2018; There has been treatment or conservative therapy.; Neck pain numbness and tingling in both arms leg pain back pain shoulder pain; Anti inflammatory 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
Internal Medicine	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.; 9/26/2018; There has been treatment or conservative therapy.; Back pain spasms; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT COMES TO THE CLINIC TODAY WITH COMPLAINTS OF BACK PAIN AFTER AN INCIDENT IN THE SHOWER 2 MONTHS AGO. BILATERAL SACROILIAC JOINT TENDERNESS LUMBAR PARASPINAL TENDERNESS, MILD PAIN WITH FULL BACK FLEXION. **HAD LUMBAR XRAY, CANNOT SEE RESULTS.; 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	right knee pain&#x0D; injury 2 months ago&#x0D; x-ray normal&#x0D; shooting pain&#x0D; lock and grind&#x0D; sciatica&#x0D; low back pain&#x0D; pain to lower extremities&#x0D; x-ray normal; 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	steroid injection in Sept that did not help much, mbr has 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.; reflex 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
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.; 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	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	2

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 an Abnormal x-ray indicating a significant abnormality	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 Neurological deficit(s)	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Leg weakness when walking with pain in the lower back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent 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	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ineffective patient still complaining of lower back pain, Started in October so patient has had about 2 months of home treatment	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	2
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; It is not known if there has been any treatment or conservative therapy.; Cervical neck pain, Thoracic back pain, lumbar 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	will attach 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
Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for 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
Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient presents with Shortness of Breath,dyspnea,exercise intoleranceand fatigue.; 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
Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Internal Medicine	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; unknwn; it is not known if there has been any treatment or conservative therapy.; mbr has pain in pelvic 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
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	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 directed 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 medication other than joint injections(s) or oral analgesics.	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	Provider Note: c/o right shoulder. mod and worsening over 3 months. clicks and pops. hurts to lift things at his job.; The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
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 patient is experiencing bilateral arm numbness while working with machinery at his job; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	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 had a dislocated should back in 2005/ decrease abduction	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; Ms. Tabor presents with shoulder pain. She complains of right shoulder pain. The location of the pain is generalized. The pain radiates to the neck. The pain initially started 3 days ago. The apparent precipitating event was lifting. She describes i	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	tingling and numbness in hands and fingers; This study is 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 been treatment or conservative therapy.; left shoulder pain.; NSAIDS, 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
Internal Medicine	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 not directed conservative treatment for the past 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	DEGENERATIVE JOINT DISEASE L-SPINE; ARTHRITIS IN KNEE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	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 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 9/6/18; There has been treatment or conservative therapy.; hip pain, knee pain, swelling in feet a ankles, mononeuropathy; 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/02/2018; There has been treatment or conservative therapy.; back pain radiating down to hip, burning sensation; 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

Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	x-rays show degenerative disc disease and facet degenerative change, and very mild joint space narrowing at left hip. Per Dr. Gray This could be a possible contributor to his pain, although could also be a muscular tear in his guteal area.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-25-2018; There has been treatment or conservative therapy.; Pain in the left buttock that goes down. The pain will take him too his knees.; Tylenol, and diclofenac; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 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	abdominal pain and blotting in abdomen.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	c/s for examination, no symptoms listed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; c/s adult examination, onset given as today; There has not been any treatment or conservative therapy.; c/s for examination only; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Low cortisol levels; 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	pt is having left upper quadrant pain that radiates to epigastric area; 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	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.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	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 NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Clinical Notes: Check CT to make sure abscess from previous has not returned.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Gary Yingling, a 58 y.o. male presents with a Chief Complaint of Establish Care (c/o chronic constipation with 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
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAD AN ULTRASOUND SHOWING MULTIPLE LARGE LESIONS ON THE LIVER AND PANCREAS, CHECKING FOR METASTASIS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	STAGING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/2018; There has not been any treatment or conservative therapy.; Leukopenia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 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
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.; 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
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.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; 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	Disapproval	74176 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 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.; 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	Disapproval	74176 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	7
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	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 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.; 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	4
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; The patient has undergone treatment for multiple sclerosis.	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.	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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	139
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 are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	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 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.	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	45
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	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	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.; This study is being 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
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	3
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 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 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
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.; The patient did not 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.; A rectal 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 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	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.	1
Internal Medicine	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.	3
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 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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	Bethena A Reynolds, a 64 y.o. female presents with a Chief Complaint of Chest Pain (Says she is having some chest cramping off and on for several months in her mid epigastric area.); 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	Echocardiogram with previous cardiologist. mytro valve prolapse, annual follow up with stress tests.; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	EKG Preformed on 10/5/2018.; This is a request 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
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	Patient presents today for check up&#x0D; &#x0D; Hx. of HTN, she does not have a BP machine @ home, states that she has been chest pressure and sharp pain for the past 3 weeks, states that this is intermittent, states that the sharp pain lasting only a few seconds.; 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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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	Positive for depression, dysphoric mood and sleep disturbance. The patient is nervous/anxious.; 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); 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	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 having chest pain intermittent for years, no hx of cad, has hx of HLD, has fm hx cad, nl stress test, borderline ecg. has a hx of alcohol abuse, hep B&#x0D; has some memory impairment, SLUMS 24 ot of 30. recal 4/5; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 is having intermittent dizziness for the last couple of months.; This is a request 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
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	RTC ECG and get NM stress for what sounds like possible angina in patient with strong family hx CAD and HTN Palpitations Chest pressure chest pain, dyspnea on exertion, palpitations, shortness of breath and fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 States he has been having "some" CP, states that he does not wake up with CP but starting about 1100 he will start to have some left sided CP that only radiates to the right side of the sternum, states he does do a lot of manual labor at work. Reports CP; 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	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; 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	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	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 has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It has been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1

Internal Medicine	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
Internal Medicine	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	clinical; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	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.; 05/2017; There has been treatment or conservative therapy.; Follow up for L MCA watershed stroke s/s L ICA dissection 1/2016 s/p stenting and dual anti platelets; Plavix; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		cerebral aneurysm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		showing venous thrombosis headache and visual changes ,elevated D-Dimer; 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
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)		unknown; This study is being ordered for Vascular Disease.; 5/21/2013; There has been treatment or conservative therapy.; acute headache, difficulty speech; cerebral aneurysm coiling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Interventional Radiologists	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for Vascular Disease.; 5/21/2013; There has been treatment or conservative therapy.; acute headache, difficulty speech; cerebral aneurysm coiling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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.; 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 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 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
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 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
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 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
Interventional Radiologists	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	1 year follow up appointment for eye twitching, tinnitus, memory problems.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Nephrology	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
Nephrology	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

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 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
Nephrology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 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 study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1
Nephrology	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; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;	1
Nephrology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient has a renal cyst that is needing to be monitored every 6 months for size increase. This is a follow-up MRI of the kidneys.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
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 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
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.	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.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	66
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.	28
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 not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	3
Neurology	Approval	70551 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 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
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; 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
Nephrology	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	1
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		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
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material 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.	2

Nephrology	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.; 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	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.; 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
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)		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).; It is not known if the patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; It is unknown if the patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia	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.; 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
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.; 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	2
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurology	Approval	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).	6
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.	6
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.	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 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		trying to rule out MS; This study is being ordered for a neurological disorder.; 07/03/2018; There has been treatment or conservative therapy.; chronic fatigue-parasthesia; 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	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 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
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.; 11/12/2018; There has been treatment or conservative therapy.; Daily HA, near syncope, nausea, dizziness, numbness/tingling to extremities, and visual disturbances; 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		unknown; This study is being ordered for a neurological disorder.; 11/2/18; It is not known if there has been any treatment or conservative therapy.; weakness, left arm and leg weakness, muscle atrophy, acute flaccid myelitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 07/2018; It is not known if there has 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		. She reported 2 nights of intermittent confusion, and some hallucinations, as well as headache, nausea and vomiting; 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 a previous stroke or aneurysm.	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 stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Neurosurgeon is requesting another CT of brain to follow up from MVA on 10/19/18. Pt has Intraparenchymal hematoma of brain. The scan is needed to determine if patient is still bleeding on his brain.; 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Patient is coming in for her post operative appointment and a new scan is needed. Patient was found unresponsive on the floor and underwent emergency surgery for a large SDH.; 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
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.	4
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.	3
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.	3
Neurological Surgery	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.	2
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.; 8/2018; There has been treatment or conservative therapy.; numbness, tingling, weakness; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		When asked what his primary concern was that his short-term memory. He has difficulties recalling from 1 minute to the next what is said. At times he gets agitated and confused when trying to answer questions. He denies family history of dementia or ot; 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		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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Worsening memory loss, neuropsychological evaluation resulted mild-to-moderate 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
Neurology	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Neurology	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
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 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, &#x0D; Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Neurology	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
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; 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.	3
Neurology	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 lower extremity weakness.; Yes this is a request for a Diagnostic CT	1
Neurology	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
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 to be part of a myelogram or discogram.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;;Sept 20,2014; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;brain leasion and sprinal; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;;On m's related 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/29/2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; prev MRI of C spine, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/1/18; There has been treatment or conservative therapy.; MEMORY LOSS, NUMBNESS, BALANCE ISSUES; 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	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.	12
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.	2
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 new onset of a headache within the past month; Headache 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.; This study is being ordered for evaluation of known tumor.	2
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Yearly follow up scans after surgery. Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 10/6/2017; There has been treatment or conservative therapy.; This is for follow up scans from surgery on 12/11/17. Clinicals to be uploaded.; Status post craniectomy suboccipital decompression 12/11/2017.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 07/2018; It is not known if there has 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
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		rule out aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks; There has not been any treatment or conservative therapy.; dizziness, confusion, sob, 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
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.	21
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt coming for follow up of carotid artery occlusion; This study is being ordered for Vascular Disease.; 04/28/2018; There has been treatment or conservative therapy.; Left facial palsy, left side weakness, right side headache; Pt was given a heparin bolus and started on Eliquis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/7/2018; There has been treatment or conservative therapy.; member has HX of stroke issue with short term memory Numbness and tingling in arm and leg Night Sweats Dizziness; Medication, PT, and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Wroten returns for followup of his problems with an enhancing lesion at C4-5 in the left posterior aspect of the spinal cord. Repeat MRI done to rule out evidence; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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; It is not known if there is laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	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		Back pain. Pt recently started seeing pain management. Pt has numbness pain and tingling to both arms. Post-traumatic syrinx,abnormal; decreased sensation right hand, Exam: hoffman's neg, spurling's pos. clonus neg, limited ROM of cervical spine in all p; 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		Chronic neck pain&#x0D; M54.2: Cervicalgia&#x0D; MRI, CERVICAL SPINE, W/O CONTRAST; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		difficulty sleeping. She wakes up around 2 am and cannot go back to sleep. She is currently taking Copaxone TIW without any problems. She states that her balance is getting worse since her last visit. She has tingling in bilateral hands that is progressiv; This study is being ordered for a neurological disorder.; 03/2018; There has been treatment or conservative therapy.; problems with multiple sclerosis,difficulty sleeping. She wakes up around 2 am and cannot go back to sleep. She is currently taking Copaxone TIW without any problems. She states that her balance is getting worse since her last visit. She has tingling in b; glatiramer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		S/P Brain embolism; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18; There has not been any treatment or conservative therapy.; R/O aneurysm S/P brain 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
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.	7
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 08/01/2018; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	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 a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Neurological Surgery	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 a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	2
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 08/01/2018; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		double vision, blurred vision, dysphasia, ataxia, hand numbness, headaches.; This study is being ordered for a neurological disorder.; 09/20/2015; There has not been any treatment or conservative therapy.; double vision, blurred vision, dysphasia, ataxia, hand numbness, 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Enter answer here MULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here 10/08/2018 - 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 MULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY- 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		FOLOW-UP FROM MRI PERFORMED IN 2011; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; patient has ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Her history and exam are concerning for spinal cord symptoms including stiffness while walking, increased reflexes in her knees in a patient that is diabetic, spinal sensory level, bowel symptoms. She is complex and has other signs consistent with diabet; This study is being ordered for a neurological disorder.; march 2018; There has not been any treatment or conservative therapy.; several neurologic complaints, left arm pain, elbow pain, difficulty walking, bowel urgency. numbness in right hand and left arm as well as bilateral legs 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		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.;	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		MRI brain 7/16/18 showed periventricular white matter lesions and a right pontine lesion. &#x0D; MRI C-spine 7/16/18 showed a lesion at the C4-5 level. Both of these images however appeared stable.; This study is being ordered for a neurological disorder.; 12/2017; There has been treatment or conservative therapy.; severe fatigue&#x0D; residual right foot numbness without change&#x0D; urgency of bowel and bladder; Copaxone 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;;evauting for changes; 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		; 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		; 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

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 not a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1 YEAR FOLLOW UP MENINGIOMA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		14yoF with pineal region cyst and persistent headaches. Headaches are unchanged from her previous visit. As she did not get MRI today, will reschedule and call patient with results. Continue medical management of headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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		39 year old female here s/p completion studies. Has tonsillar herniation with posterior severe attenuation of flow beyond FM. Spine OK except for loss of lordosis pf Cspine. On dyautonomia treatment. Will schedule SOD reexploration with cranioplasty. She ; This study is being ordered for Congenital Anomaly.; 1/12/18; There has been treatment or conservative therapy.; Patient reports trouble sleeping and night sweats. She reports poor memory, poor coordination, and weakness. She reports frequent sadness, anxiety, and low energy level. She reports palpitations and swelling in the extremities. She reports muscle/joint ac; Craniectomy, suboccipital; exploration/decompression, cranial nerves - 07/11/2018; 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		MULTIPLE SCLEROSIS, BILATERAL FRONTAL LESIONS, PAIN IN PELVIS, LOWER EXTREMITIES, FATIGUE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 get ASAP to r/o cervical myelopathy in patient with abnormal physical findings including hyperreflexia, weakness, and ataxia; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RUE strength 4/5&#x0D; Increased RUE tone&#x0D; R hand small muscles atrophy&#x0D; Increased DTRS RUE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		R/O:MYASTHENIA GRAVIS AND OR CERVICAL SPINE DISEASE IS CAUSING THE RIGHT ARM AND LEG SYMPTOMS,WILL GET MRI; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM&#x0D; Patient Information&#x0D; Name: Rodney Williams&#x0D; DOB: 05/02/1966&#x0D; Acct #: 1164826&#x0D; ID: &#x0D; Home Phone: 479-409-9459&#x0D; Work Phone: &#x0D; Alt Phone: &#x0D; Referring Provider Information&#x0D; Referring Provider: Michael Mors; The patient 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		ruling out multiple sclerosis; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; fatigue, pain and paroxysmal symptoms, leg pain, deep in thigh occurs regularly, numbness and tingling, twitching, tremors to right hand, urinary frequency and incontinence of bowels, falls 2-3 times a week, double vision episode 6/2018, saogren's.; vitamin D3, exercises twice a week, strength training, Canadian physical activity, Mediterranean style 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

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		See attached clinicals; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Medical Decision Making; A decision was made to request the medical records pertinent for the current problem. I have reviewed these records and have incorporated this information into the medical decision making.; Diagnosis; Abnormal reflex (R29.2).; The patient 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		see previous; This is a request for 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 with neck pain and radiculopathy has had steroids, NSAIDs and PT without resolution; The patient 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Chiari malformation follow up studies.; This study is being ordered for Congenital Anomaly.; 12/1/17; There has been treatment or conservative therapy.; Clinicals to be uploaded; Craniectomy 5/30/18 & 8/8/18; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 11/7/2017; 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		eval for interval change, hx resection of low grade glioma.; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI 3 month follow up to r/o met lesion Dx: Metastatic melanoma; 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
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MRI head neck cine and LP after review. Paulus for injections. Cleared for dental procedure.; This study is being ordered for Congenital Anomaly.; 12/23/16; There has been treatment or conservative therapy.; Known to me. Has required 4 Diamox a day for IIH and is still having visual issues. She will need new MRI head neck cine and LP if those studies are OK. Lots of SO pressure recently and gait issues. Has been getting injections and will send to Paulus for ; Known to me. Has required 4 Diamox a day for IIH and is still having visual issues. She will need new MRI head neck cine and LP if those studies are OK. Lots of SO pressure recently and gait issues. Has been getting injections and will send to Paulus for ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 had craniectomy 8/8/18. This is a postop visit.; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Small right paracentral protrusion of the L1-2 disc. A lipoma is present in the subcutaneous tissues of the back at the L2 and L3 levels. There were no images to review.; This study is being ordered for a neurological disorder.; Sept 1.2018; There has been treatment or conservative therapy.; 35 year old woman with history of episodic muscle weakness during pregnancy, vertigo soon after delivery, and now with recent onset of left leg and left thoracic paraspinal sensory loss. Given her mom's history of MS, demyelinating disease is on the diff; prednisone dosepak.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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; 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.; 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; "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	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; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2
Neurology	Approval	72141 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
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.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; yes, there are documented clinical findings of Multiple sclerosis.	2
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has hydrocephalus and need to make sure her shunt isn't malfunctioning.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is status post Chiari Decompression and shunt placement with continued headaches despite medical management.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pt with numbness/tingling in extremities and h/o episodes of right face numbness. Etiology of parathesia in hands/feet unclear. exam less concerning for peripheral neuropathy.; 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 request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	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.	15
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.	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.; 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 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
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 craniosynostosis); 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.	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; 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
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		unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		UNKNOWN; This study is being ordered for a neurological disorder.; 09/01/2018; There has been treatment or conservative therapy.; HEADACHE, VISUAL CHANGE, EVIDENT PAPILLEDEMA; LUMBAR PUNCTURE, 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	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
Neurological Surgery	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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 07/2018; It is not known if there has 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
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
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.	1
Neurological Surgery	Approval	72125 Computed tomography, cervical 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.; Caller to fax clinicals; It is not known if there has been any treatment or conservative therapy.; Caller to fax 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
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; 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		Brain CT ordered to assess any acute pathology causing headaches, Spine CTs ordered to evaluate hemangiomas and abnormal marrow signal on prior MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		CT to assess for OPLL and bone quality and MRI to rule out infection versus neoplastic process of the C4 and C5 levels; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		Fusion F/U; This study is being ordered for trauma or injury.; 09/22/2018; There has been treatment or conservative therapy.; Numbness of extremities leg weakness S/P fusion; Hospital stay rx medication PT x 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	Approval	72125 Computed tomography, cervical spine; without contrast material		requesting a lumbar and cervical myelogram w/ ct to evaluate due to conservative treatment not helping.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/2018; There has been treatment or conservative therapy.; bilateral neck pain and right proximal shoulder and upper extremity pain. She also has decreased strength in the right upper extremity and right hand with decreased grip. &#x0D; &#x0D; Low back pain with bilateral leg pain.; 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
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; Start: 05/13/2018 &#x0D; &#x0D; Physical Exam Findings: MS, VISION TROUBLE ON LEFT EYE, hearing loss of left ear, pain left foot/burning, headaches, generalized face pain, enhancing lesion periventricular/smaller in WM, vision loss, vertigo.Start: 05/13/2018 &#x0D; &#x0D; Phy; 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.	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.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.; 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.	17
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; ; 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.	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; 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.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.	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; 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.	8

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; On examination, patient is found to be hyperreflexic in the left leg with upgoing toe on the left. Etiology undetermined. No other abnormalities on exam. He has had some mild neck stiffness. I'm going to check a B12 and folate to exclude metabolic cause; 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; 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
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; 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; There is no 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.; 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.	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 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
Neurology	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.; 11/12/2018; There has been treatment or conservative therapy.; Daily HA, near syncope, nausea, dizziness, numbness/tingling to extremities, and visual disturbances; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 1 year; There has been treatment or conservative therapy.; dizziness blurred vision numbness in hands and toes burning hot pain in foot; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 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.; 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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Enter answer here - or Type In Unknoclinically isolated syndromeBrain MRI showed a 1 cm ovoid lesion in the right subcortical white matter. Spinal tap done with another neurologist apparently was positive for oligoclonal bands. I reviewed notes from Rock; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient complains of left arm pain. On exam, she has 3/5 left deltoid strength, limited by pain. Possible etiologies include C5 radiculopathy or shoulder injury. Would like to obtain a CT cervical spine to compare to her baseline CT at the time of inj; 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 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	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 abnormal gait.; 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		to rule out ossification of the posterior longitudinal ligament; 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		unknown; This study is 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	72128 Computed tomography, thoracic spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PT, NSAIDs, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; WALKING, NUMBNESS, SHOOTING PAIN, FALLING, WEAKNESS IN LOWER EXT; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Her history and exam are concerning for spinal cord symptoms including stiffness while walking, increased reflexes in her knees in a patient that is diabetic, spinal sensory level, bowel symptoms. She is complex and has other signs consistent with diabet; This study is being ordered for a neurological disorder.; march 2018; There has not been any treatment or conservative therapy.; several neurologic complaints, left arm pain, elbow pain, difficulty walking, bowel urgency. numbness in right hand and left arm as well as bilateral legs 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		MIGRAINE HEADACHES NOT RESOLVED WITH TREATMENT, SPINAL FLUID ABNORMAL-R83.9 PROTEIN-R83.8; This study is being ordered for Inflammatory/ Infectious Disease., 11/09/2018; There has not been any treatment or conservative therapy.; SEVERE HEADACHE NOT RESOLVING WITH TREATMENT, ELEVATED SPINAL PROTEIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Ms Artman is a 45 yo old woman who presented with constellation of symptoms which have been progressively worse over the last two years. She reports fatigability , myalgias, neck and back pain, stiffness in her feet and difficulty with walking. Exam signf; 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		ruling out multiple sclerosis; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; fatigue, pain and paroxysmal symptoms, leg pain, deep in thigh occurs regularly, numbness and tingling, twitching, tremors to right hand, urinary frequency and incontinence of bowels, falls 2-3 times a week, double vision episode 6/2018, saogren's ; vitamin D3, exercises twice a week, strength training, Canadian physical activity, Mediterranean style 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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		See attached clinicals; This study is being ordered for a neurological disorder.; See attached clinicals; There has been treatment or conservative therapy.; Mr. Robinson returns to the clinic today for follow up on right leg weakness. Since his last appointment in September he has continued to notice progressive weakness. While this initially started in the right leg he now has bilateral leg weakness. In addi; Physical therapy&#x0D; ibuprofen 800 mg tablet&#x0D; gabapentin 100 mg capsule&#x0D; aspirin 81 mg tablet, delayed release; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Small right paracentral protrusion of the L1-2 disc. A lipoma is present in the subcutaneous tissues of the back at the L2 and L3 levels. There were no images to review.; This study is being ordered for a neurological disorder.; Sept 1.2018; There has been treatment or conservative therapy.; 35 year old woman with history of episodic muscle weakness during pregnancy, vertigo soon after delivery, and now with recent onset of left leg and left thoracic paraspinal sensory loss. Given her mom's history of MS, demyelinating disease is on the diffe; prednisone dosepak.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		; 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	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		Brain CT ordered to assess any acute pathology causing headaches, Spine CTs ordered to evaluate hemangiomas and abnormal marrow signal on prior MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		Fusion F/U; This study is being ordered for trauma or injury.; 09/22/2018; There has been treatment or conservative therapy.; Numbness of extremities leg weakness S/P fusion; Hospital stay rx medication PT x 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	Approval	72128 Computed tomography, thoracic spine; without contrast material		pain and numbness and weakness of left arm and legs numbness in the chest area and in the thoracic spine mbr is having headaches; This study is being ordered for trauma or injury.; 8/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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	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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
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		; This study is 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 to fax clinicals; It is not known if there has been any treatment or conservative therapy.; Caller to fax 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

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		low back pain, mass in low back; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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.; six months to one year ago; There has been treatment or conservative therapy.; neck pain, back pain with radiculopathy and neuropathy; radiofrequency ablation, medication (tramadol), PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		requesting a lumbar and cervical myelogram w/ ct to evaluate due to conservative treatment not helping.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/2018; There has been treatment or conservative therapy.; bilateral neck pain and right proximal shoulder and upper extremity pain. She also has decreased strength in the right upper extremity and right hand with decreased grip. &#x0D; &#x0D; Low back pain with bilateral leg pain.; 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
Neurological Surgery	Approval	72131 Computed tomography, lumbar 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.; 9/7/2018; There has not been any treatment or conservative therapy.; lucency on ct scan, back pain, radiating leg pain, risk for infection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		unknown; This study is 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	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
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.; Acute or Chronic back pain; The patient does not have 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	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.	2
Neurology	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.; 11/05/2017; There has been treatment or conservative therapy.; weakness, numbness, gait disturbance; medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		unknown; This study is being ordered for a neurological disorder.; 11/2/18; It is not known if there has been any treatment or conservative therapy.; weakness, left arm and leg weakness, muscle atrophy, acute flaccid myelitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness located in foot muscles, muscle strength is limited in part by pain, reflex between ankle and foot is absent numbness in feet and ankles. legs give away , off balance and falls due to 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
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 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; November 2017; There has been treatment or conservative therapy.; Constant sharp and radiating pain, to rt & amp; lt knee and thigh, standing and walking aggravate it, wheelchair bound and weakness; Medication, 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
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 not scheduled within the next 4 weeks.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1. Neck pain - Mrs. Scott presents for follow-up evaluation of several years neck and mid back pain. She is here to review progress after recent procedure and treatment options.&#x0D; &#x0D; To review MRI of the thoracic spine on 10/24/16 was normal, MRI of the bra; This study is being ordered for Congenital Anomaly.; 9/17/14; There has been treatment or conservative therapy.; Poor memory and weakness, anxiety, low energy level, muscle/joint aches, cold intolerance.; Previous Spine Surgery: surgical procedure(s)/date(s): (9/17/2014 - chiari sx); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Cerebral spinal fluid leak; This study is being ordered for a neurological disorder.; 09/18/2018; There has been treatment or conservative therapy.; Low pressure H/A hearing loss; Oral steroids rx medication NSAIDS OTC medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chiari I malformation and syrinx; This study is being ordered for Congenital Anomaly.; Chiari, syrinx; It is not known if there has been any treatment or conservative therapy.; Chiari, 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	Chiari malformation follow up studies.; This study is being ordered for Congenital Anomaly.; 12/1/17; There has been treatment or conservative therapy.; Clinicals to be uploaded; Craniectomy 5/30/18 & amp; 8/8/18; 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
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	DDD cervical, cervical pain, cervical radiculopathy due to MVA; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		MRI head neck cine and LP after review. Paulus for injections. Cleared for dental procedure.; This study is being ordered for Congenital Anomaly.; 12/23/16; There has been treatment or conservative therapy.; Known to me. Has required 4 Diamox a day for IIH and is still having visual issues. She will need new MRI head neck cine and LP if those studies are OK. Lots of SO pressure recently and gait issues. Has been getting injections and will send to Paulus for ; Known to me. Has required 4 Diamox a day for IIH and is still having visual issues. She will need new MRI head neck cine and LP if those studies are OK. Lots of SO pressure recently and gait issues. Has been getting injections and will send to Paulus for ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		neuro deficits and arm weakness spinal cord stenosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
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; 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
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.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is presenting new symptoms.; This study is being ordered for follow-up.; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Onset 6 months ago and occurs almost every day from hip area down to calf, some days pain is worse than others; 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
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 new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	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 does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	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 6 weeks of completed conservative care in the past 3 months or had a spine injection	17
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)	23
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 joint or bone infection.	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	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

Neurology	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
Neurology	Approval	73720 Magnetic resonance (eg, 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
Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		evaluation of an abnormal cervical MRI performed to evaluate his c/o upper extremity paresthesias.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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; 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
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	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
Neurology	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		; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	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
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 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.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	MRI brain in 2013 normal, will order CTA brain due to persistent exertional/laugh induced headache, want to see if there is a mass &amp; if there is a supply source; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	No new seizures since the last visit. Few months ago he had 2 episodes of migraines. Right-sided throbbing headache with light and noise sensitivity. No previous history of migraines. He did not have any other headaches since then. No other new neurologic; 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
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Parkinson symptoms; This study is being ordered for a neurological disorder.; 11.20.2017; There has been treatment or conservative therapy.; &lt;Dizziness and giddiness; Medications and ct scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	5
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 patient's tumor.; Known or suspected tumor 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.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1

Neurology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; Approximately 1995; There has been treatment or conservative therapy.; Migraines with and without aura, Daily headaches, Frequent Sinus headaches.; Amitriptyline, Topiramate, Nortriptyline & Imipramine have been tried for prevention with little to no success.&#x0D; &#x0D; Acetaminophen, Advil Migraine, aspirin, Excedrin Migraine, ibuprofen, Imitrex tablets, naproxen, Relpax, & zolmitriptan zmt have all been tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2016; It is not known if there has been any treatment or conservative therapy.; pain and numbness on R side of face and shoulder joint going to fingers in R hand, headaches, vomiting and diarrhea, tingling neck numbness, 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		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	5
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; Bilateral foot drop numbness cervical syrxn; 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; None of the above.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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; New MR with contrast needed to evaluate cysts found on previous MR without contrast; 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; None of the above; Pt coming for evaluation of Chiari malformation found on recent head CT; 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.	5
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.	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; 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; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.	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.; 11/9/2018; There has been treatment or conservative therapy.; headaches; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

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		Weakness involving plantar flexion and inversion as well as in the hamstring and hip flexor of the left lower extremity. Medial atrophy of the left calf. Mild foot drop; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; Atrophy involving the medial left calf.; Physical therapy as well as pain management 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	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 presents with unusual history of abrupt onset of saddle anesthesia and loss of urinary control. today neurologically in good shape could not pick a any evidence of myelopathic feature a could not explain his symptoms by his lumbar MRI if will comp	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	recurrent TIA; This study is being ordered for a neurological disorder.; 02/2017; There has been treatment or conservative therapy.; memory loss; 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	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.; March 2018; There has been treatment or conservative therapy.; Unknow; 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	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.	9
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	2
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	Headache &#x0D; Onset: 3 weeks ago. Severity: moderate-severe. It occurs constantly. The problem is worse. Location is frontal right, parietal left, parietal right and occipital. There is radiation to neck. The describes it as dull and pressure. Denies; This study is being ordered for a neurological disorder.; 10/05/2018; There has been treatment or conservative therapy.; Headache &#x0D; Onset: 3 weeks ago. Severity: moderate-severe. It occurs constantly. The problem is worse. Location is frontal right, parietal left, parietal right and occipital. There is radiation to neck. The describes it as dull and pressure. Denies; good health in general, lost 50 pounds this year, treated like Lupus, never had much of a headache, but tuesday she was about to go to the ER it was so severe. She sees Dr Broadwell for rheumatology and her dad and his sister had aneurysms. she took a me; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	unknown; This study is being ordered for Vascular Disease.; June 21, 2018 follow up tia, cci, migraines, left ICA stenosis; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Cerebral spinal fluid leak; This study is being ordered for a neurological disorder.; 09/18/2018; There has been treatment or conservative therapy.; Low pressure H/A hearing loss; Oral steroids rx medication NSAIDS OTC medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 11/7/2017; 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		Elbow numbness numbness down left leg numbness to left leg; This study is being ordered for a neurological disorder.; 03/13/2018; There has been treatment or conservative therapy.; Neck stiffness numbness x 1 month S/P spine surgery back pain H/A; 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if 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.; The last Thoracic Spine MRI was performed more than 10 months ago.	2
Neurological Surgery	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&gt;	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		neuro deficits and arm weakness spinal cord stenosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; PT did not help.; 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.	6
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	will include in clinical fx; This study is being ordered for a neurological disorder.; 11/15/2017; There has been treatment or conservative therapy.; &Describe primary symptoms here - or Type In Unknown if No Info Given &gt;; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Diffuse back neck pain with a reported diagnosis of fibromyalgia on treatment&#x0D; 2. Intention tremor not obvious on exam today may be extension awaited physiologic tremor from underlying anxiety and depression&#x0D; 3. Vision changes right eye with past history; This study is being ordered for a neurological disorder.; 05/31/2018; There has been treatment or conservative therapy.; Neck pain, back pain, numbness in both upper extremities and tremors. He also has retinal detachment with varying degrees of visual scintillations both polychromatic as well as monochromatic; He has been to a retinal specialist and they're not sure of the cause and has done injections for his lumbar concerning his 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had several episodes of throat pain followed by nausea and passing out. She has mass like symptoms, nausea and syncope. MRI brain was nondiagnostic. Ordering an MRI of the orbits, face and neck for clearer picture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
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.	6
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.	2
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.	3
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.	9
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.; roughly 30 years ago with increase in frequency and severity 6 months ago; There has been treatment or conservative therapy.; Migraine with and without aura, coital headache.; acetaminophen, Advil Migraine, ASA, butalbital containing products, Excedrin Migraine, Goody Powders, hydrocodone, ibuprofen, naproxen, and Phenergan have been used as 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
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.	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.; The study is being ordered due to Neurological deficits.; Impression&#x0D; 1. Small syrinx in the distal aspect of the cord. Follow-up MRI&#x0D; cervical and thoracic spine MRIs are suggested for further evaluation&#x0D; and to exclude an underlying Chiari malformation.&#x0D; 2. Otherwise normal study of the 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.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	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 bowel or bladder dysfunction.	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 a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; ; 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 evidence of tumor or metastasis on a bone scan or x-ray.; 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 x-ray or laboratory evidence of paraspinal abscess.; 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		unknown; This study is being ordered for a neurological disorder.; 12/2016; It is not known if there has been any treatment or conservative therapy.; pain, decreased dexterity in hands, wearing a brace for back pain and scoliosis, has a drift, orthopedic dr said scoliosis has worsened 7-8 degrees, chiari has developed again too; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70547 Magnetic resonance angiography, neck; 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	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	48-year-old lady with several different problems. She developed pneumonia about 2-1/2 months ago. During her hospitalization she was coded and received CPR though she reports she was never intubated. Since that time she has had problems with tremor. S; This study is being ordered for a neurological disorder.; Two and 1/2 months ago; There has been treatment or conservative therapy.; headaches, confusion, memory, weak, tingling pain in arm and legs, shaking, heart palpitations; previous EEG &#x0D; Heart monitor - extended; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Imp: r/o horner's syndrome vs headache syndrome &#x0D; &#x0D; &#x0D; V: facial light touch sensation Decreased sensation in R V2/3 distribution &#x0D; 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 &#x0D; Cervical Disc Disease Care Instructions given to the Patient in 04/09/2018.&#x0D; low dose tricyclic: nortriptyline 10mg qhs &#x0D; 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	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient experienced Dizziness, blurry vision, light headedness, numbness in hands. Disoriented after symptoms went away.; 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.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient does not have carotid (neck) artery surgery.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; degenerative disc disease in 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This has been going on for about 5 years; There has been treatment or conservative therapy.; Weakness, radiculopathy, pain; PT, chiropractic visit, 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		; The study 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Neurological Surgery	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.; left 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

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		39 year old female here s/p completion studies. Has tonsillar herniation with posterior severe attenuation of flow beyond FM. Spine OK except for loss of lordosis of spine. On dyautonomia treatment. Will schedule SOD reexploration with cranioplasty. She ; This study is being ordered for Congenital Anomaly; 1/12/18; There has been treatment or conservative therapy; Patient reports trouble sleeping and night sweats. She reports poor memory, poor coordination, and weakness. She reports frequent sadness, anxiety, and low energy level. She reports palpitations and swelling in the extremities. She reports muscle/joint ac; Craniectomy, suboccipital; exploration/decompression, cranial nerves - 07/11/2018; 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 ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	1. follow-up numbness & tingling; Woman with a couple of years of various symptoms including neck pain with radiation to the left arm, numbness in the left hand and in both feet as well as the upper back, vision changes triggered by chiropractic adjustment, mus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Cluster headaches and tenderness on right scalp 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Differential diagnosis of suboccipital headache and neck pain includes upper cervical nerve root compression, Chiari malformation, segmental instability; 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	evaluation of how to proceed with treatment; This study is being ordered for a neurological disorder.; 9/13/2018; 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Headaches are all day, every day. Left sided. Will occasionally wrap around the back of his head to the right side but mostly just on the left. Throbbing type pain. Not positional. They have tried changing cervical position as well as using a TENS unit; 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Looking for abnormalities in the brain, unable to walk; 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	PT has had a recent change in mental status, with excessive memory problems involving everyday activities; 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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Clinicals to be uploaded.; This study is being ordered for Congenital Anomaly.; 11/7/2017; 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		Pain continues in the center of his lower back. He notes that the pain radiates into his posterior bilateral legs, with the right being most severe. It will all the way to his ankle when it occurs. His back pain is the most severe part. His leg pain is; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Patient has completed 6 weeks of physical therapy and had epidural steroid injections with no pain relief.; 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		Reports N/T in BLE to the toes. This last 5-10 minutes at a time. &#x0D; Reports weakness in BLE. Denies falls. She does stagger at times. She relates this to the numbness.; The study requested 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.; 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
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.	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.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	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.; 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.	4
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	2
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt headaches are worse and increased in frequency; 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 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
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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or 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 undergone treatment for multiple sclerosis.	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	To determine degenerative disc; 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	unknown; This study is being ordered for a neurological disorder.; 3-4 years ago; There has been treatment or conservative therapy.; daily headaches, frequent sinus headaches, migraine without aura; Amitriptyline, fluoxetine, nortriptyline & topiramate have all been tried for prevention.&#x0D; &#x0D; acetaminophen, advil migraine, asa, excedrin migraine, ibuprofen, sumatriptan tablets, sumatriptan nasal spray, and rizatriptan have all been tried as treatment w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Very nice, appreciative 63-year-old female with neurological decline over the past year. Etiology uncertain. ? Contribution from meds? Brain MRI shows considerable white matter change. Does not have typical vascular risk factors. Dr. Morse did a spinal; This study is being ordered for a neurological disorder.; December 2017; There has been treatment or conservative therapy.; unsteady gait - cognitive impairment - ringing in ears - auditory hallucinations - diminished vibratory sense and impaired coordination noted on physical exam; Primidone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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	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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2016; It is not known if there has been any treatment or conservative therapy.; pain and numbness on R side of face and shoulder joint going to fingers in R hand, headaches, vomiting and diarrhea, tingling neck numbness, pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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.; L foot exam limited due to pain. No obvious deformity. Able to bear weight. Achilles reflexes are 2 on the right side.	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; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; increasing neck pain causes headaches to increase; The patient 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; 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	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.; 05/01/2018; There has been treatment or conservative therapy.; DIZZINESS&#x0D; HEADACHES&#x0D; HIP PAIN &#x0D; JOINT PAIN &#x0D; UNBALANCES &#x0D; FEELS LIKE BRAIN IS SHACKING &#x0D; NAUSEA&#x0D; BODY ACHES JOINTS &#x0D; BACK PAIN &#x0D; LEFT AND RIGHT HIP PAIN&#x0D; SEVER DEPRESSION&#x0D; MEMORY LOSS&#x0D; NEURO DEGENERATION/&#x0D; DEMYELINATING PROCESS &#x0D; GAIT IS WORSE AFTER CONT; FOUND NONSPECIFIC ABNORMAL IMAGAING FINDINGS OF CENTRAL NERVOUS SYSTEM &#x0D; Meclizyne, Diclofenac,Tylenol 3,&#x0D; Seeing Neurologist&#x0D; Case management with PCP FOR ABNORMAL FINDING SUPPORTING SYMPTOMS FOR NEURODEGENERATIVE AND DEGENERATIVE DEMYEINATING PROCESS ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 a neurological disorder.; NOV 1,2018; There has not been any treatment or conservative therapy.; Pass two years had fatigue, progressive weakness lost of balance problems with constipation recent head MRI showing ( T2 Hyper) history of MS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 trauma or injury.; ; There has been treatment or conservative therapy.; headaches, memory loss, vision loss, change in speech,&#x0D; dizziness, ringing in ears,weakness, personality change, weight change,daytime drowsiness.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	54-year-old lady with some paresthesia and weakness in the left upper extremity. Symptoms are now bilateral. I am going to start her on some gabapentin. Physical therapy seemed to make it worse. If this does not help I will refer her to pain. I will ; This is a request for cervical spine MRI; Neurological deficits; 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. Symptoms are now bilateral. I am going to start her on some gabapentin. Physical therapy seemed to make it worse. If this does not help I will refer her to pain. I will ; 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	CERVICAL RADICULAR PAIN, TRIGEMINAL NEURALGIA OF THE LEFT FACE, NECK PAIN, HX C SPINE SURGERY IN THE PAST. EPISODIC NECK PAIN, LEFT FACE, HEAD, NECK, INTO LEFT SHOULDER. MULTIPLE TIMES PER DAY FOR YEARS, SEVERE. ; Medications: ; Duration of Medications: ; Reas; 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
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 UnknownMr. Wroten returns for followup of his problems with an enhancing lesion at C4-5 in the left posterior aspect of the spinal cord. Repeat MRI today was done to rule out evidence for a neoplasm and to make sure this ; 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	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;	2
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is already experiencing other neurologic symptoms that we have been treating but upon this follow up she has mentioned to us that she is experiencing progressive neck pain as well as some paresthesia.; This is a 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt came to clinic as a new patient with radiating neck pain that is causing headaches as well as low back pain causing ble numbness; 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 complains of chronic neck pain and given LUE/LLE paresthesias will order an MRI c spine to rule out any cord process. will also refer to PT. ; Daily headache ; R51: Headache ; Topamax 25 mg tablet - Take 1 tablet(s) twice a day by oral route. Qty; 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
Neurology	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
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; Known or Suspected Multiple Sclerosis, Infection or abscess; ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; yes, there are documented clinical findings of Multiple sclerosis.	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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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; 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
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	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting. She is having pain in her neck with sensation of electrical shocking in her arms.	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 study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; nausea, 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
Neurology	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.; 8/2018; There has been treatment or conservative therapy.; numbness, tingling, weakness; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	urinary incontinent; This study is being ordered for a neurological disorder.; 11/9/2017; There has been treatment or conservative therapy.; seizures and convolutions; medication and MRI scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; July 11, 2018; There has been treatment or conservative therapy.; Back pain; home therapy, medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	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
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 nerve study involving the lumbar spine	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 an Abnormal x-ray indicating a significant abnormality	11
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	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.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	68
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 laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This 26 year old male presents with low back pain that radiates into the posterior aspect of his left leg to the knee. He complains of numbness in his left foot. He states the pain began in 2014. &#x0D; &#x0D; He denies undergoing any PT or chiropractic care. He i; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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	4
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.; 11/9/2018; There has been treatment or conservative therapy.; headaches; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		unresponsive to pt; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1



Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with 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 year; There has been treatment or conservative therapy.; Patient complains of back pain that radiates down through right hip area into leg and foot; numbness/tingling . Patient has tried: L3-4 selective nerve root block, diclofenac, OTC aleve, xanax (helps some) . Which has not helped. &#x0D; This is a 61-year-old ; Patient had SI injection as well as selective nerve root blocks 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
Neurological 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.	1
Neurological 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.	3
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for a neurological disorder.; 1/26/2018; There has been treatment or conservative therapy.; CHIEF COMPLAINT: Status post left ulnar nerve release back on 10-10-18.&#x0D; &#x0D; HISTORY: Ms. Buchanan is a very pleasant 56-year-old Caucasian female status post the abovementioned operation. She is doing well from that. She is still complaining of neck pain; therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	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/o why patient has pain	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 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 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 receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; two months ago; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
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.; 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 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 a neurological disorder.; 05/01/2018; There has been treatment or conservative therapy.; DIZZINESS&#x0D; HEADACHES&#x0D; HIP PAIN &#x0D; JOINT PAIN &#x0D; UNBALANCES &#x0D; FEELS LIKE BRAIN IS SHACKING &#x0D; NAUSEA&#x0D; BODY ACHES JOINTS &#x0D; BACK PAIN &#x0D; LEFT AND RIGHT HIP PAIN&#x0D; SEVER DEPRESSION&#x0D; MEMORY LOSS&#x0D; NEURO DEGENERATION/&#x0D; DEMYELINATING PROCESS &#x0D; GAIT IS WORSE AFTER CONT; FOUND NONSPECIFIC ABNORMAL IMAGAING FINDINGS OF CENTRAL NERVOUS SYSTEM &#x0D; Meclizyne, Diclofenac,Tylenol 3,&#x0D; Seeing Neurologist&#x0D; Case management with PCP FOR ABNORMAL FINDING SUPPORTING SYMPTOMS FOR NEURODEGENERATIVE AND DEGENERATIVE DEMYEINATING PROCESS ; 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
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Dr. Krishna would like to reorder scans and see pt in clinic in the next week or two.; 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.;	1
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	plan&#x0D; &#x0D; Restart Topamax 50 mg QHS&#x0D; &#x0D; Refill Fioricet one tab Q 8-12 hrs prn migraine&#x0D; Refill lycra 200 mg bid&#x0D; &#x0D; Stop Zonegran&#x0D; Obtain an MRI of the thoracic spine without contrast&#x0D; F/U in 3 weeks; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; lycra 200 mg bid&#x0D; Fioricet one tab Q 8-12 hrs prn migraine&#x0D; Topamax 50 mg QHS	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.; 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.;; 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	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
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 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
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.; 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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Dr. Krishna would like to reorder scans and see pt in clinic in the next week or two.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. evaluation of Pain and numbness in legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain radiates into hips and shoulder.; The study 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	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
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	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Terry Watson is a 51 y.o. male is post-concussion, still having HA, neck pain, dizziness, zoning out, memory loss; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Confusion/delirium, altered LOC, unexplained&#x0D; Visual loss, sudden onset; physical therapy , muscle relaxers, steroids, spinal injections, ns aids and heat therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	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 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
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2 wks ago; There has been treatment or conservative therapy.; weakness, pain and numbness; PT and injectios; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Cerebral aneurysm, nonruptured; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	History of cluster headaches on left which have not recurred. Known right temporal cyst. Negative prior MRA. Here to follow up. Occasional left pain in temporal region. Neuro - intact. family history of CNS cancer and aneurysms; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 came to clinic as a new patient with radiating neck pain that is causing headaches as well as low back pain causing ble numbness; 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	See attached clinicals; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient reports that the weakness started about two to three years ago. The patient reports the weakness to his lower extremities started abruptly. The patient feels that this has improved some because he reports three years ago he couldn't walk. Th; This study is being ordered for a neurological disorder.; The patient does not have any weakness on exam. The patient does have an antalgic gait. I would like to obtain a MRI of the lumbar spine to rule out any structural abnormalities. Also I would like to obtain a MRI of the brain due to his antalgic gait; There has been treatment or conservative therapy.; The patient reports that the weakness started about two to three years ago. The patient reports the weakness to his lower extremities started abruptly. The patient feels that this has improved some because he reports three years ago he couldn't walk. Th; The patient reports that the weakness started about two to three years ago. The patient reports the weakness to his lower extremities started abruptly. The patient feels that this has improved some because he reports three years ago he couldn't walk. 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	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

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	this is a follow up visit from a different MDO; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; pt. follow up for neuropathy in all extremities, spasms in legs, numbness and tightness, spine hurting, tremors in lower extremity.; Medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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
Neurology	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.; 2015; There has not been any treatment or conservative therapy.; nausea, 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
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.; This study is being ordered for a tumor.	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	mild osteophyte on the uncinated process c-5 and c-4.; This study is being ordered for a neurological disorder.; 10/29/18; There has been treatment or conservative therapy.; Chest pain, dizziness, fatigue, shortness of breathe; Patient had physical therapy and wearing neck brace for a while.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 patient was seen in the ER last night after trip and fall. He had a CT scan that was initially read as negative. The overread this morning showed a possible C1-C2 fracture. The patient was called and told to come back for further evaluation. He i; 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	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Neurological Surgery	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.; 05/01/2017; There has been treatment or conservative therapy.; back pain, gait problems, myalgia's , neck pain , weakness; pt for 4 weeks, medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	who had bad osteomyelitis and suboccipital abscess. He has since now developed severe pain and weakness in the left upper extremity. I have advised him I would like to get a CT and MRI to evaluate both the hardware as well as to rule out any recurrence ; This study is being ordered for a neurological disorder.; 04/13/2018; There has been treatment or conservative therapy.; PAIN IN BACK/NECK SHOULDERS THAT RADAITE TO HANDS. LEFT HIP TO LEGS AND L ARM TO FINGERS.&#x0D; who had bad osteomyelitis and suboccipital abscess. He has since now developed severe pain and weakness in the left upper extremity. I have advised him I would li; PHYSICAL THERAPY, HEAT, ICE, ALTERED LIFESTYLE 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
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiating down legs; This study is being ordered for a neurological disorder.; 10/01/2018; There has been treatment or conservative therapy.; Tingling numbness weakness abn gait fatigue H/A back pain; Nerve block 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	1
Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	She states she is having numbness/tingling in bilateral hips along w/bilateral groin pain. Denies any low back pain. She has had EMG&#x0D; Strength 5-/5 BLE on extension but could be due to pain. Strength 5/5 on flexion; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurology	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
Neurology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	when he turns his head he becomes dizzy, balance is off, having trouble remembering and thinking &#x0D; &#x0D; checking for a cold spot at brain stem; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
OB/Gynecology	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

OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Elevated Prolactin levels; 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 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
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 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
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.	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; WALKING, NUMBNESS, SHOOTING PAIN, FALLING, WEAKNESS IN LOWER EXT;	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	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	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
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	2.5 months post surgery; uses wheelchair for long distance, pt showing instability, myalgias, mild GI pain, 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.; 9/28/2018; There has been treatment or conservative therapy.; constant back and leg pain, burning, shooting, stabbing, leg/arms hurt when trying to straighten them, weakness, incontinence; rehab, medication, Lidocaine patch; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	I have advised her she has a very complex spine, especially at 4-5, but she also has evidence of myelopathy. I have advised her I would like to get MRI of the thoracic spine secondary to the amount of myelopathy she has with ambulation. I would also lik; This study is being ordered for a neurological disorder.; 07/17/2017; There has been treatment or conservative therapy.; severe back pain as well as pain radiating down into the legs. She has severe trouble on that left side with regards to pain.&#x0D; The patient has MRI that does show some pretty significant troubles on the left side, but she does have a little bit of a spasti; YES,&#x0D; PHYSICAL THERAPY, SPINE INJECTIONS, ICE, HEAT, MEDICATION, 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
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pain radiating down legs; This study is being ordered for a neurological disorder.; 10/01/2018; There has been treatment or conservative therapy.; Tingling numbness weakness abn gait fatigue H/A back pain; Nerve block 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	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	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	72192 Computed tomography, pelvis; without contrast material		post op deventy TLH with incidental systomie; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	3
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		ABX S/P uterus removed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2018; There has been treatment or conservative therapy.; Extreme pain; Elevated white blood count ER visits extreme pain post intercourse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		pt has fibroid uterus-fibroid measuring 7 cm and has heavy menstrual bleeding; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 pelvic trauma or injury.	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.	2
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?	2
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Unknown; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		vaginal pain, mass along anterior wall, enlarged uterus.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; Back neck pain, weakness numbness parenthesis.; Medication PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 9/2/18; There has been treatment or conservative therapy.; BACK PAIN, WEAKNESS, NECK PAIN; MEDICATIONS, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

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.; Patient has bilateral pars defects and experiencing back pain. Patient has currently undergone physical therapy with no improvement.&#x0D; &#x0D; Patient is having bilateral hand numbness, neck pain, and has upper arm muscle fasciculations.; There has been treatment or conservative therapy.; bilateral pars defects, back pain, neck pain, and hand numbness.; Patient has had physical therapy on her back.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 trauma or injury.; APX, AUG 22,2018 SHE FELL IN BATHTUB.Dr. Dietze did an L4-5 laminectomy on her on 11/17/17. She states about 4 months ago she slipped in the bathtub and fell flat on her back. Since that time, she has had some severe low back pain and neck pain. With r; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	failed conservative mgmt; This study is being ordered for trauma or injury.; 2016; There has been treatment or conservative therapy.; chronic thoracic, cervical and lumbar pain, bladder and bowel incontinence, history of spinal cord injury; 30 visits of physical therapy, medications, Nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	for lumbar mri, wanting to check for any surgical changes.&#x0D; &#x0D; for cervical mri, wanting to review to set up a treatment plan.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30/2017; There has been treatment or conservative therapy.; The patient does have some new right lower extremity pain and buttock pain. She does have positive pyriformis findings on exam.the patient is also having some neck pain.; PATIENT HAS HAD A LUMBAR FUSION 2 MONTHS AGO AND HAS BEEN IN PHYSICAL THERAPY FOR BOTH LUMBAR AND 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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain-with numbness, weakness, and pain in LE, LLE worse than RLE. Pt had ACDF 04/2015 and she states that her neck has been hurting ever since the sx. Pt states it is difficult for her to turn her neck from side to side. Pt also states that she h; 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	mild osteophyte on the uncinated process c-5 and c-4.; This study is being ordered for a neurological disorder.; 10/29/18; There has been treatment or conservative therapy.; Chest pain, dizziness, fatigue, shortness of breathe; Patient had physical therapy and wearing neck brace for a while.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 completed 11/03/2015 showed advanced cervical degenerative disease at multiple levels especially at C3-4 C4-5 and C5-6. This is resulting in central spinal canal stenosis and foraminal stenosis. The patient has a positive Hoffman sign indicating spina; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Mr. Buford is a 54-year-old gentleman with advanced cervical degenerative disease at multiple levels especially at C3-4 C4-5 and C5-6, resulting in central spinal canal stenosis and foraminal stenosis. He had a positive Hoffman sign, indicating spinal cor	1
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material		Patient elevated liver enzymes. The doctor is unable to determine the cause, an ultrasound was performed with inconclusive results, the next step would be an abdomen CT.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

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 pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	2
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.;	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	2
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		chronic Phrombosis, with the inferior Vena Cava noted on previous CT 10/29/18; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt has a mass in the lower right quadrant, trying to rule out hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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
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 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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness tingling and weakness; 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	Patient drops things; This is a request for cervical spine MRI; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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.; Tried hot and cold packs/OTC nsoids. Nothing has helped with the pain.	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 is coming in for a neuro consult for Cervical pain that radiates down both arms n/t in fingers X 1 year&#x0D; lower back pain that goes down both legs and hip since 2002&#x0D; patient feels light headed and n/v with the neck pain&#x0D; hard to turn head&#x0D; forearm; 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 that radiates down both arms n/t in fingers X 1 year&#x0D; lower back pain that goes down both legs and hip since 2002&#x0D; patient feels light headed and n/v with the neck pain&#x0D; hard to turn head&#x0D; forearms ache&#x0D; weakness in arms&#x0D; OTC meds and has not he; The patient 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	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Neurological Surgery	Disapproval	72141 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; Neurological deficits; Neck pain that radiates from the back of her skull down to her toes since 2016; Arms, and legs are numb and tingle; OTC meds; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Disapproval	72141 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
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 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.; S/P surgery	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 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
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 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 with potential gait abnormality, bradykinesia,tremors in hands	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.; January 2018; There has been treatment or conservative therapy.; Chronic back pain; PT, steroid injections, medications, and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality 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	Will reschedule for MRI head neck and left shoulder as headaches have become severe and retroorbital and she has begun having left LE issues as well. ? Brain mass.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Shoulder joint pain - Onset: 03/20/2014; Disorder of shoulder - Onset: 04/02/2015, Left; There has been treatment or conservative therapy.; On exam unable to abduct arm with tenderness left shoulder.; Known to me s/p ACDF. Now with persistent left head neck and shoulder 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 speciality 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 been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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	2
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.; 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
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

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	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 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 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
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.; 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 are unknown.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal X-Rays, Patient has failed NSAID and home exercise regimen.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2018 Patient has thoracic and lumbar pain with radiculopathy and intermittent lower extremity weakness that affects the patients ability to walk.; There has been treatment or conservative therapy.; Low back pain, abd pain, bilateral buttock pain, bilateral hip pain, bilateral posterior thigh pain, bilateral leg weakness with walking. It is worse at night while laying in bed. The pain does tend to come and go.; Patient has failed NSAIDS and home exercise regimen given on 11/20/2018. Patient had abnormal X-Rays.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	failed conservative mgmt; This study is being ordered for trauma or injury.; 2016; There has been treatment or conservative therapy.; chronic thoracic, cervical and lumbar pain, bladder and bowel incontinence, history of spinal cord injury; 30 visits of physical therapy, medications, Nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	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.; tingling and numbness; 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 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
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	1

OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		ABX S/P uterus removed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2018; There has been treatment or conservative therapy.; Extreme pain; Elevated white blood count ER visits extreme pain post intercourse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Abnormalities found in chest, abdomen, pelvis and or retroperitoneal has been identified or remains uncertain after an 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).	9
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 NOT 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		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
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		HIGH RISK @ 20% HIGH FOR CANCER. MOTHER DIAGNOSED W/BREAST CANCER STAGE 4 AT 42.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Mother with history of breast cancer at age 50, Aunt at age 40. Patient has Lifetime risk score of 35%; 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
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	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; Back neck pain, weakness numbness parenthesis.; Medication PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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	; This study is being ordered for a neurological disorder.; 11/22/17; There has been treatment or conservative therapy.; Duration: 3 years &#x0D; Frequency Constantly &#x0D; Severity: Average pain level over the last week 1/10 &#x0D; Location: Low back Both; Mid-back Both &#x0D; Quality: Dull; Aching &#x0D; Timing: Gradual onset; Mr, Gray has previously undergone conservative management with a course of physical therapy in 2014 that he states was not beneficial. Also taking Hydrocodone and Cyclobenzaprine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Abnormal X-Rays, Patient has failed NSAID and home exercise regimen.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2018 Patient has thoracic and lumbar pain with radiculopathy and intermittent lower extremity weakness that affects the patients ability to walk.; There has been treatment or conservative therapy.; Low back pain, abd pain, bilateral buttock pain, bilateral hip pain, bilateral posterior thigh pain, bilateral leg weakness with walking. It is worse at night while laying in bed. The pain does tend to come and go.; Patient has failed NSAIDS and home exercise regimen given on 11/20/2018. Patient had abnormal X-Rays.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Musculoskeletal: arthralgias/joint pain and back pain (dec rom of thoracic and lumbar spine).; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	numbness tingling and weakness; 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	Patient has changes; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	Patient was instructed to follow up after 6 weeks and if not any better we were to order MRI. She has been doing PT for the past 3 weeks; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Prior MRI in 2017 demonstrated moderate to severe bilateral facet disease and mild degenerative anterolisthesis L4-5. Mild bilateral lateral recess narrowing. Mild to moderate bilateral facet disease with small amount of fluid in the L5-S1 facets.; 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	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		PT HAD A BIOPSY OF A LESION IN HER RIGHT BREAST ON 05/12/17. PATHOLOGY WAS PSEUDO ANGIOMATOUS STROMAL HYPERPLASIA.SUBSEQUENT MRI DATED 11/14/17 IDENTIFIED 3 ENHANCING MASSES IN RT BREAST. ONE OF WHICH WAS THE LESION BIOPSIED ON 05/12/17. ONE YEAR FOLLOW U; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		pt has a prior history of lymphoma treated with radiation to the chest. She is therefore at an increased risk of developing breast cancer. MRI is being requested for screening for high risk.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Radiologist who interpreted her Screening and Diagnostic mammograms recommended further evaluation with Breast MRI to exclude a suspicious underlying lesion.; 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		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.	3
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 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.	1
OB/Gynecology	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
OB/Gynecology	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 &lt; Enter answer here - or Type in Unknown if No Info Given. &gt;; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Looking for possible causes of groin and 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
OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Looking for possible causes of groin and 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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiculopathy and weakness; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has had worsening of symptoms in the last few months with radiculopathy and 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
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Subject: Chart Note: Reason for LESI and MRI&#x0D; &#x0D; Our staff spoke with Ms. Garrett who reports she has right sided low back pain that radiates into her right hip. She denies any radicular leg pain. She complains of numbness in the left leg. She states the 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
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	3
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This 53 year old presents with left calf pain. He denies any low back pain. He states after a long day of standing he begins to have pain in his left hip. He complains of numbness and tingling in his left leg and toes but states this has been on going for; 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	will upload clinicals; ordered by neurosurgeon; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	10 visits with PT without improvement.; 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2018; There has been treatment or conservative therapy.; pain, numbness and tingling in arms and hands, sciatica, Pt can "hardly walk"; oral pain meds, muscle relaxers, epidural 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
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Physical Exam &#x0D; Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. &#x0D; Eyes: Pupils are equal, round, and reactive to light. &#x0D; Pulmonary/Chest: Effort normal. &#x0D; Neurological: She is alert and oriented ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/23/18; There has been treatment or conservative therapy.; ; chiropractor , steroids, muscle relaxer, anti-inflammatories. she has been going to Dr. Jarman the chiropractor who has been working on her neck and right shoulder pain. She has been going two to three times a week since she was last seen and referred to; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

OB/Gynecology	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; It is not known if there has been any treatment or conservative therapy.; Pain, swelling, failed therapy with NSAIDs and exercise.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2018; There has not been any treatment or conservative therapy.; Patient complained of shortness of breath at post op visit 12/11/18. Chest xray was ordered that saw 9cm gas and fluid collection beneath the anterior aspect of the right hemidiaphragm. CT needed to make sure subdiaphragmatic abscess.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	August 2018 CT was normal. Hysterectomy was done at diff clinic earlier this year. Pain with intercourse. This is a checkup to make sure nothing is abnormal in abdomen.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
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 a 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
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.";	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."; bypass	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	Will reschedule for MRI head neck and left shoulder as headaches have become severe and retroorbital and she has begun having left LE issues as well. ? Brain mass.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Shoulder joint pain - Onset: 03/20/2014&#x0D; Disorder of shoulder - Onset: 04/02/2015, Left; There has been treatment or conservative therapy.; On exam unable to abduct arm with tenderness left shoulder.; Known to me s/p ACDF. Now with persistent left head neck and shoulder 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; 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.; 1 year; There has been treatment or conservative therapy.; Patient complains of back pain that radiates down through right hip area into leg and foot; numbness/tingling . Patient has tried: L3-4 selective nerve root block, diclofenac, OTC aleve, xanax (helps some) . Which has not helped. &#x0D; This is a 61-year-old ; Patient had SI injection as well as selective nerve root blocks 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
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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	DUE TO THE TYPE OF PAIN PATIENT IS HAVING DUE TO HER TETHERED CORD AND SPINA BIFIDA.; Requestor has decided to proceed with the unlisted code.	1
Neurology	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
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 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	3
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.; 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
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.; The patient did not have an endoscopy.; 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	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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unkown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	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.	2
Occupational Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; painful swelling eye and blurred 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
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		development of staring spell; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Neurology	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.; 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
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	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
Neurology	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
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 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2017; There has not been any treatment or conservative therapy.; numbness, tingling, burning pain and weakness of upper and lower extremities. Severe worst headache of patients life.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/11/2018; There has been treatment or conservative therapy.; vertigo, head spinning, vision defects, nausea, balance off, frontal headaches.; oral 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
Occupational Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/22/2018; There has not been any treatment or conservative therapy.; visual field defect; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; painful swelling eye and blurred 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
Occupational 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.	1
Oncology	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.	1
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has LUNG CA and mental status change 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.; 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
Oncology	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 Oncology	1
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
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.	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		'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	2
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 5/25/2018; There has been treatment or conservative therapy.; follow up to angiogram there is weakness in arm and leg Hx stroke; medication and Plavix and aspirin; 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
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.	3
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 speciality 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		; This study is being ordered for a neurological disorder.; 9/20/2018; There has been treatment or conservative therapy.; Dizziness, fatigue, diminished energy; Asprin; 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
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.; Been going on for the last six months; It is not known if there has been any treatment or conservative therapy.; Subcortical stroke left corona radiata about 2 years ago. At the time he had right facial arm and leg weakness. Over time this has essentially resolvedOver the last 6 months he has experienced episodes of syncope. He averages 2-3 of these episodes a we; 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Mrs. Moss is crying in the room today, rocking back and forth complaining of a severe headache. She is accompanied today by her spouse. The patient complains that she has had headaches since childhood. The patient complains that in the past six months ; This study is being ordered for Vascular Disease.; May 2018; There has been treatment or conservative therapy.; Mrs. Moss is crying in the room today, rocking back and forth complaining of a severe headache. She is accompanied today by her spouse. The patient complains that she has had headaches since childhood. The patient complains that in the past six months ; 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
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt is experiencing Dementia symptoms with recent CVA and TIA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		PT IS HAVING INCREASED BLURRED VISION AND DIIZNESS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt is having increased dizziness and has hx of CVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The patient's history is suspicious for a TIA vs complex partial seizure activity. Given the history of amaurosis fugax I would like to obtain a CTA of the head/neck as well as an echocardiogram. I have asked the patient to begin a daily aspirin with fo; This study is being ordered for a neurological disorder.; Mrs. Stewart is a 56 year old white female, who presents to the clinic today for a neurological consultation for memory loss. She is accompanied by her husband, John. &#x0D; &#x0D; The patient complains that about a year ago she started having black out spells. ; There has been treatment or conservative therapy.; oblem # 1: Memory loss (ICD-780.93) (ICD10-R41.3)&#x0D; Assessment: New&#x0D; &#x0D; Orders:&#x0D; Ofc Vst, New Level IV (CPT-99204)&#x0D; &#x0D; &#x0D; Problem # 2: Transient alteration of awareness (ICD-780.02) (ICD10-R40.4)&#x0D; Assessment: New&#x0D; &#x0D; Orders:&#x0D; Ofc Vst, New Level IV (CPT-99204); The patient's history is suspicious for a TIA vs complex partial seizure activity. Given the history of amaurosis fugax I would like to obtain a CTA of the head/neck as well as an echocardiogram. I have asked the patient to begin a daily aspirin with fo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 08/2018; There has been treatment or conservative therapy.; Mild cognitive impairment. History of CVA. R/O tumor. Looking for seizures.; Brain MRI was performed on 09/04/2018.; 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	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.; 10/1/2018; There has been treatment or conservative therapy.; TIA, stroke, dizziness, gait disturbance, nausea, headaches, blurred vision; 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		Unknown; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Unknown; ASA 81mg. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		RESTAGING .follow-up with labwork and chemotherapy for Non Small Cell Right Lung Cancer.; 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		RIGHT LOWER LOBE PULMONARY NODULE SEEN ON PREVIOUS CT CHEST MEASURING 8.2 MM&#x0D; RECOMMENDED REPEAT CT CHEST 3 MONTHS TO REASSESS 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
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	5
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.; 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
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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
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		restaging for chemotherapy cancer; 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		RESTAGING.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; It is not known if the patient is presenting new symptoms.; 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 is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

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.; 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
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&#x26; Enter answer here - or Type In Unknown If No Info Given. &#x26;; This study is being ordered for a neurological disorder.; 11/14/2017; There has been treatment or conservative therapy.; timmers; medication and Ct scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&#x26; Enter answer here - or Type In Unknown If No Info Given. &#x26;; This study is being ordered for Vascular Disease.; 5/25/2018; There has been treatment or conservative therapy.; follow up to angiogram there is weakness in arm and leg Hx stroke; medication and Plavix and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		The patient is here today for a follow up visit. During the last visit visit in February 2016. The patient is here today for a new problem.&#x0D; &#x0D; The patient complains of having difficulty walking and balance. The patient complains that she has a tendency; This study is being ordered for a neurological disorder.; The patient is here today for a follow up visit. During the last visit visit in February 2016. The patient is here today for a new problem.&#x0D; &#x0D; The patient complains of having difficulty walking and balance. The patient complains that she has a tendency; There has been treatment or conservative therapy.; The patient appears to be suffering from multiple different problems. The first one appears that the patient is having restless legs syndrome. I will begin her on a low dose of Requip 1mg at night to help with this. She will continue the Neurontin.&#x0D; &#x0D; ; The patient appears to be suffering from multiple different problems. The first one appears that the patient is having restless legs syndrome. I will begin her on a low dose of Requip 1mg at night to help with this. She will continue the Neurontin.&#x0D; &#x0D; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 for a follow up to his 05/12/18 cerebral angiogram.; This study is 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.; Headaches, Migraines, Visual Changes; DIAGNOSTIC CEREBRAL ANGIOGRAM on 05/12/18, Hydrocodone, 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
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.; 09/05/2018; It is not known if there has been any treatment or conservative therapy.; Right arm numbness, visual loss, difficulty walking.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 Oncology	1
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 staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 3 mo restaging for cancer	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 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
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.; 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)	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 to establish a cancer diagnosis.; There is NOT existing evidence of metastasis or other tumor in the body.; There is a head and/or neck tumor that has been persistent over 3 months.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Oncology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Oncology	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
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.; 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
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 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
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.; 9/25/18; There has been treatment or conservative therapy.; weakness, dizziness; physical therapy, pt is on medications, blood thinners; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; approximately 1 year ago; It is not known if there has been any treatment or conservative therapy.; recurrent syncope & vertigo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; This study is being ordered for a neurological disorder.; 08/03/2018; There has been treatment or conservative therapy.; ; INJECTIONS EVERY 3 WEEKS&#x0D; we provided bilat gon injections today&#x0D; we will see if insurance will approve these injections for every 3 weeks until her pregnancy is over&#x0D; 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	70544 Magnetic resonance angiography, head; without contrast material(s)		Enter answer hereMULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here10/08/2018 - 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 MULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY- 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	70544 Magnetic resonance angiography, head; without contrast material(s)		intracranial hypertension follow up- Patient remains symptom-free. Her pseudotumor appears to have resolved. No recurrent optic disc edema, no visual disturbances, no significant headaches. Off Diamox for 6 months. I will see back prn. She is to followup ; 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)		Ms. Griffin is a 55 year old woman who comes to the clinic today for evaluation of migraines. She has been having migraines for several years but over time she has started to notice visual changes with these and this has been getting worse with time. As s; This study is being ordered for a neurological disorder.; Ms. Griffin is a 55 year old woman who comes to the clinic today for evaluation of migraines. She has been having migraines for several years but over time she has started to notice visual changes with these and this has been getting worse with time.; There has been treatment or conservative therapy.; Ms. Griffin is a 55 year old woman who comes to the clinic today for evaluation of migraines. She has been having migraines for several years but over time she has started to notice visual changes with these and this has been getting worse with time.; Topamax, Wellbutrin, Zolof; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70450 Computed tomography, head or brain; 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.; headache, double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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
Ophthalmology	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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/17/18; There has not been any treatment or conservative therapy.; mbr has blurred vision and floater and discomfort of right 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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20/18; There has not been any treatment or conservative therapy.; LOST OF VISION ,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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; It is unknown if there is 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); ; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 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.	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.; There is not a suspicion of a bone infection (osteomyelitis); ; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	3
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		unknown; This study is being ordered for a neurological disorder.; 11/15/2018; There has not been any treatment or conservative therapy.; loss of vision for a few seconds, blurred vision, neck 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
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/2015; There has not been any treatment or conservative therapy.; FEVER, COUGH, ASTHMA, VISION LOST, PRESS BEHIFD L 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
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.	1
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	unknown; This study is being ordered for a neurological disorder.; 7/2018; There has been treatment or conservative therapy.; vision loss, optic neuritis, headaches; medications, previous 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
Ophthalmology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	unknown; This study is being ordered for a neurological disorder.; 7/2018; There has been treatment or conservative therapy.; vision loss, optic neuritis, headaches; medications, previous 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/17/18; There has not been any treatment or conservative therapy.; mbr has blurred vision and floater and discomfort of right 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
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient's mother has a hx of ruptured cerebral aneurysm, patient's father has a hx of non-ruptured cerebral aneurysm.; This study is being ordered for a neurological disorder.; June 2017; There has been treatment or conservative therapy.; headaches described as vise-like, sharp stabbing, sometimes expansive/explosive pressure. History of cerebral aneurysm in both parents; mother's has ruptured, father's has not.; chiropractic treatments, ice packs, lying in a dark quiet room, Acetaminophen with codeine, ibuprofen, sumatriptan nasal spray, lidocaine nasal spray, and butalbital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 an immediate family history of aneurysm.; This is a request for a Brain MRA.	9
Neurology	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 not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.	1
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; This study is being ordered for Vascular Disease.; 08/08/17; There has been treatment or conservative therapy.; headaches, earaches, weakness; Aspirin 325 mg Daily, and Plavix 75 mg Daily, and Atorvastatin 80 mg Daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Enter answer hereSTROKE, HEADACHES, ABNORMAL GAIT AND MOBILITY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here10/11/2018 - or Type In Unknown If No Info Given; There has not been any treatment or conservative therapy.; Describe primary symptoms here HEADACHES, ABNORMAL GAIT AND MOBILITY- 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	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.	9
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.	3

Neurology	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 not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.	1
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		unknown; This study is being ordered for a neurological disorder.; 11/01/2018; There has been treatment or conservative therapy.; dizziness, gait disturbance, numbness, headaches, performance changes, vertigo; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20/18; There has not been any treatment or conservative therapy.; LOST OF VISION ,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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Hemifacial spasms, left x 2 months&#x0D; R/O tortuous dolichoectatic compressing vessel&#x0D; Nonintractable headache, unspecified chronicity pattern, unspecified headache type&#x0D; new headaches and head pain for 3 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		optic nerve swelling; 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		Patient currently on her 4th weeks with a constant migraine NOT controlled with medication. Currently disabled not able to work or perform daily activities. Medications tried in the last weeks are: Maxalt, Imitrex, toradol IM, ketorolac, oral steroids.; 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
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.	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.	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 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for trauma or injury.; 8/6/18; 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			2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/1/18; There has been treatment or conservative therapy.; MEMORY LOSS, NUMBNESS, BALANCE ISSUES; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Wroten returns for followup of his problems with an enhancing lesion at C4-5 in the left posterior aspect of the spinal cord. Repeat MRI done to rule out evidence; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/11/2018; There has been treatment or conservative therapy.; vertigo, head spinning, vision defects, nausea, balance off, frontal headaches.; oral 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
Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"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	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/24/18; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2016; There has been treatment or conservative therapy.; double vision, poor vision; conversions, new glasses; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
Ophthalmology	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.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Lump under jaw; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 10/08/2018; There has been treatment or conservative therapy.; Swelling severe pain jaw locking unable to eat or drink; Teeth extraction nerve block; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 10/08/2018; There has been treatment or conservative therapy.; Swelling severe pain jaw locking unable to eat or drink; Teeth extraction nerve block; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"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
Oral/Maxillofacial	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	TMJ; "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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 5/25/2018; There has been treatment or conservative therapy.; follow up to angiogram there is weakness in arm and leg Hx stroke; medication and Plavix and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	22
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.; 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 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		; 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
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; 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-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Oral/Maxillofacial	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Lump under jaw; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		complaints of constant pain x 1 yr getting progressively worse. pain at base of neck radiating into arm. has tried nsaid cream without relief; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Orthopedics	Approval	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
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.; 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
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material			1
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	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	3
Orthopedics	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
Orthopedics	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
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		recent fracture due to breast cancer, possibly due to metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
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 inflammatory disease.; The ordering physician is a surgeon or pulmonologist.; This is a request for a chest MRI.	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.	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.; 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 Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 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; 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		; 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.	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.; ; 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		; This study is being ordered for a neurological disorder.; 05/01/2018; There has been treatment or conservative therapy.; DIZZINESS&#x0D; HEADACHES&#x0D; HIP PAIN &#x0D; JOINT PAIN &#x0D; UNBALANCES &#x0D; FEELS LIKE BRAIN IS SHACKING &#x0D; NAUSEA&#x0D; BODY ACHES JOINTS &#x0D; BACK PAIN &#x0D; LEFT AND RIGHT HIP PAIN&#x0D; SEVER DEPRESSION&#x0D; MEMORY LOSS&#x0D; NEURO DEGENERATION/&#x0D; DEMYELINATING PROCESS &#x0D; GAIT IS WORSE AFTER CONT; FOUND NONSPECIFIC ABNORMAL IMAGAING FINDINGS OF CENTRAL NERVOUS SYSTEM &#x0D; Meclizyne, Diclofenac,Tylenol 3,&#x0D; Seeing Neurologist&#x0D; Case management with PCP FOR ABNORMAL FINDING SUPPORTING SYMPTOMS FOR NEURODEGENERATIVE AND DEGENERATIVE DEMYEINATING PROCESS ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	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
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, &#x0D; 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.	3
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 pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a known condition of neurological deficits.; 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	4
Orthopedics	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
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		Surgery in the past.; This study is being ordered for a neurological disorder.; 12/26/2013; There has been treatment or conservative therapy.; Severe back pain radiating to right buttocks and knee. Pain is aching and dull. Pain is worsening - worsens with all activity, especially repetitive motion.; Physical Therapy. Injections. Medication. 1.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	1
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
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.; 2013; There has been treatment or conservative therapy.; Multiple Sclerosis, sever fatigue; MS treatment history:Started Copaxone 10/2013. Signed up for Gilenya 9/22/2014. Started Gilenya 4/2015. Lemtrada year one 2/2018; 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		37 year old woman with neck pain, left shoulder elevation, and pulling of the head to the left. EMG was reportedly unremarkable aside from some degree of carpal tunnel syndrome. MRI shows some mild degenerative changes but nothing that corresponds to her; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		47-year-old white female with history of Behcet's disease on humaira comes here for evaluation and treatment of headaches unaccompanied.&#x0D; She started having these headaches around 4-5 months ago. These are short stabbing pain on top of the scalp mostly on; 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		48-year-old lady with several problems post code. Her exam is negative. I cannot exclude a mild anoxia that may be causing some of these issues. Thus far her testing has been unrevealing. I will repeat her MRI as well as get a MRA. Check 1 more EEG. ; This study is being ordered for a neurological disorder.; August 2018; There has been treatment or conservative therapy.; During her hospitalization she was coded and received CPR though she reports she was never intubated. Since that time she has had problems with tremor. She has cold intolerance. Other times she becomes diaphoretic. She has had some blurred vision off ; patient was hospitalized, seen by cardiology with a 3 week heart monitor, previous MRI, and EEG testing were done as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		6 month follow up for a 4 vessel cerebral angiogram; 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

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/18; There has been treatment or conservative therapy.; PAIN, HUMP OVER THORACIC RIBS AND TENDERNESS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	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 NOT had back pain for over 4 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; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 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.; May 2018; There has been treatment or conservative therapy.; Neck and Thoracic spine pain; 6 Weeks 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Hemi Arthrodesis in 06/2016; This study is being ordered for Congenital Anomaly.; 06/05/2016; There has not been any treatment or conservative therapy.; Congenital scoliosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	left side radiculopathy. paraspinal tenderness mid cervical spine . r/o spurs; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	abnormal brain MRI&#x0D; IMPRESSION: &#x0D; 1. 1.3 x 1.7 cm T2 hyperintense, ill-defined lesion in the anterior&#x0D; RIGHT temporal lobe, centered in the juxtacortical white matter. This&#x0D; is concerning for a low-grade neoplasm, given its increase in size.&#x0D; Sequela of p; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Bi-temporal pain.; 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	brain mri revealed T2 hyperintensities into deep white matter, workup was done; MDO wants to ensure that is stable; This 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	Brain MRI showed some small/subtle white matter changes burning pains in her feet. Sharp pains also memory issues tremors. Both hands; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		CHRONIC MIGRAINE HEADACHES, Has 2-3 migraines per month. Sumatriptan and Aleve as needed helps. Few months ago she was seen for memory testing at Little Rock. For some reason she did not have the memory testing done. He states she was sent for sleep evalu; 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		difficulty sleeping. She wakes up around 2 am and cannot go back to sleep. She is currently taking Copaxone TIW without any problems. She states that her balance is getting worse since her last visit. She has tingling in bilateral hands that is progressive; This study is being ordered for a neurological disorder.; 03/2018; There has been treatment or conservative therapy.; problems with multiple sclerosis, difficulty sleeping. She wakes up around 2 am and cannot go back to sleep. She is currently taking Copaxone TIW without any problems. She states that her balance is getting worse since her last visit. She has tingling in b; glatiramer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 has a history of fractures. exam shows long track signs including positive Hoffmann's and clonus. She has difficulty with balance. Incidental note made of spinal meningial cyst at the sacral level. Thoracic x-ray revealed exaggerated thoracic ky; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/24/18; There has been treatment or conservative therapy.; Significant back pain with numbness and tingling. Post thoracic and cervical fractures. difficulty walking and with balance; Medication, home exercises, bracing 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		possible surgical intervention; This study is 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 2014; 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		PT, steroids, injections and no relief; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; Balance is off and has been falling. Also has numbness and weakness in both hands.	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.	2
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.	4
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.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here MULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here 10/08/2018 - 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 MULTIPLE SCLEROSIS, TIA, CERVICAL RADICULOPATHY - 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	Enter answer here STROKE, HEADACHES, ABNORMAL GAIT AND MOBILITY - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here 10/11/2018 - or Type In Unknown If No Info Given; There has not been any treatment or conservative therapy.; Describe primary symptoms here HEADACHES, ABNORMAL GAIT AND MOBILITY- 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	evaluate migraines, frequent and severe headaches. also has congenital cerebral cysts; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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.; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation of MS; This study is being ordered for a neurological disorder.; 11/14/2017; There has been treatment or conservative therapy.; Weakness; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation of the disease progression; 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	Expand All Collapse All &#x0D; Hide copied text&#x0D; Hover for attribution information&#x0D; Patient follows up for hx of seizures, migraines, and syncope. She previously had video EEG monitoring done by Dr. Towbin which revealed non-definitive EEG abnormalities. She w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	FOLOW-UP FROM MRI PERFORMED IN 2011; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; patient has ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	further evaluation for memory loss . Ct was negative; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	His neurological examination as documented above and nonfocal. These events of intermittent numbness, tingling, and weakness are sporadic and can involve any extremity that are more consistent with anxiety related events than anything else. I will obtain ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	intracranial hypertension follow up- Patient remains symptom-free. Her pseudotumor appears to have resolved. No recurrent optic disc edema, no visual disturbances, no significant headaches. Off Diamox for 6 months. I will see back prn. She is to followup ; 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	last MRI was 4 years ago Medicines are not helping and some are giving bad side effects patient has referral in place to Baylor Headache Clinic; This 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	Memory loss" or cognitive impairment of unclear etiology; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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. Bradley is a 56 year old man who comes to the clinic today for evaluation of low back pain and neuropathy. He has been having low back pain for several years, but a few years afterwards he started noticing numbness and tingling throughout his feet. As; 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	MRI brain 7/16/18 showed periventricular white matter lesions and a right pontine lesion. &#x0D; MRI C-spine 7/16/18 showed a lesion at the C4-5 level. Both of these images however appeared stable.; This study is being ordered for a neurological disorder.; 12/2017; There has been treatment or conservative therapy.; severe fatigue&#x0D; residual right foot numbness without change&#x0D; urgency of bowel and bladder; Copaxone 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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.; 3 yrs ago; There has been treatment or conservative therapy.; MS weakness vision defect; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	muscle spasms, weight loss, fatigue, weakness numbness and tingling, and severe headaches; 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	Neurofibromatosis,Bilateral headaches, Worsening headaches increasing in frequency over the last year, neck pain radiating into the shoulders,&#x0D; Medications: 09/27/2018 AMOXICILLIN, 09/27/2018 PROMETHAZINE-CODEINE, 09/13/2018 VALIUM, // LO LOESTRIN FE; 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	NUMBNESS AND TINGLING INCREASED,BOTTOM OF FEET AND HANDS,ALSO FINGERTIPS,TORSO NUMBNESS WHEN RUBS IT,NUMBNESS IN LEGS IS NEW; 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	numbness; 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	onset of right periorbital headache with ptosis about 3 weeks ago.has a history of TB involving her eye and possibly her spine ophthalmologist Dr. Craig Brown within the last week who recommended that she have an MRI brain scan She does have a history of ; 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
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?	4



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 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
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; Terri L Sutherland is here for evaluation of right shoulder pain. Patient works in food service at hospital. She reports pain began 9/29/18. Patient reports she has pain with begins in her right shoulder and radiates into her right arm forearm and han; 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.	2
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.	4
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.	28
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; No, the patient does not demonstrate neurological deficits.; &lt;Enter Additional Clinical Information&gt;	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Parkinson symptoms; This study is being ordered for a neurological disorder.; 11.20.2017; There has been treatment or conservative therapy.; &lt;Dizziness and giddiness; Medications and ct scan; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has new onset chronic headache with worsening symptoms and new onset numbness, dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient having worsened cognitive decline with two recent episodes of altered mental status.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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		Patient is experiencing memory changes and word finding difficulties also having gait 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient is falling Initial MRI should significant white matter changes has tremors cognitive impairment difficulty concentrating handwriting has become more difficult imbalance; 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		Patient reports seizures since 2011, and Headaches that started within the past few months; 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		Patient's mother has a hx of ruptured cerebral aneurysm, patient's father has a hx of non-ruptured cerebral aneurysm.; This study is being ordered for a neurological disorder.; June 2017; There has been treatment or conservative therapy.; headaches described as vise-like, sharp stabbing, sometimes expansive/explosive pressure. History of cerebral aneurysm in both parents; mother's has ruptured, father's has not.; chiropractic treatments, ice packs, lying in a dark quiet room, Acetaminophen with codeine, ibuprofen, sumatriptan nasal spray, lidocaine nasal spray, and butalbital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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; 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.; There is 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; 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.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Will be sending in clinical information.; This is a request for 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 right arm and hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/18; There has been treatment or conservative therapy.; PAIN, HUMP OVER THORACIC RIBS AND TENDERNESS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	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.; May 2018; There has been treatment or conservative therapy.; Neck and Thoracic spine pain; 6 Weeks 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Hemi Arthrodesis in 06/2016; This study is being ordered for Congenital Anomaly.; 06/05/2016; There has not been any treatment or conservative therapy.; Congenital scoliosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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 has tried Hydrocodone standing and sitting using it and lifting makes it worse. Pt has had a MRI on her back and has also had injections which didn't help	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.; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		physician is requesting MRI's due to be unclear about some of the symptoms the patient is having. she would like the MRI to rule out all other possibilities.; This study is being ordered for a neurological disorder.; since childhood but worsened in 2015.; There has not been any treatment or conservative therapy.; Migraines lasting anywhere from 6-72 hours w visual auras, bifrontal and bipetoral throbbing associated with light and sound sensitivity, and some nausea. she also has left arm dull achy pain and numbness, with neck pain. she has had increased difficulty ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Plan:&#x0D; For: (G35) Multiple sclerosis&#x0D; 1. Continue Tecfidera and Ampyra at current dose.&#x0D; 2. Repeat MRI brain without contrast to assess.&#x0D; 3. Repeat MRI cervical spine without contrast to assess.&#x0D; 4. Check CBC with differential and CMP levels today.&#x0D; 5. St; This study is being ordered for a neurological disorder.; 06/26/2017 diagnosed with MS; There has been treatment or conservative therapy.; Ms. Brown returns to the clinic today for follow up on pain and weakness. She is still taking Ampyra and thinks it is helping as she feels that she has more energy throughout the day. As of late she has been having pain in her feet and has tried using an ; Ms. Brown returns to the clinic today for follow up on pain and weakness. She is still taking Ampyra and thinks it is helping as she feels that she has more energy throughout the day. As of late she has been having pain in her feet and has tried using 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PT HAVING PROBLEMS WITH MEMORY SINCE AGE 23 AND HAS GOTTEN WORSE IN THE PAST YEAR, She has word finding difficulty, "foggy brain ", "can't retain new information ", stuttering. She denies having hallucinations, urinary incontinence or falls. She lives w; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		Pt is experiencing Dementia symptoms with recent CVA and TIA; 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		PT. have seizures and 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		short-term memory loss. Has gotten worse over the past year. Brain MRI previously showed some white matter changes She is also having mood issues. Outbursts of anger that she is never had before. She is losing her temper and yells at her mom which she; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Patient has a history of fractures. exam shows long track signs including positive Hoffmann's and clonus. She has difficulty with balance. Incidental note made of spinomenigeal cyst at the sacral level. Thoracic x-ray revealed exaggerated thoracic ky; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/24/18; There has been treatment or conservative therapy.; Significant back pain with numbness and tingling. Post thoracic and cervical fractures. difficulty walking and with balance; Medication, home exercises, bracing 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	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		possible surgical intervention; This study is 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 2014; 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
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.	4
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 study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	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		; The study 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 not have 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.; zanaflex&#x0D; dexamethasone injection&#x0D; diclofenac&#x0D; acetaminophen&#x0D; oxycodone	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	2
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for a neurological disorder.; 06/2018; There has been treatment or conservative therapy.; Numbness, tingling and radicular symptoms.; Physical therapy, NSAIDS, and 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
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.; 01/01/2012; There has been treatment or conservative therapy.; radiculopathy and pain; Physical Therapy; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		December 14, 2018&#x0D; &#x0D; &#x0D; Christina Lauren Monteith, M.D.&#x0D; 600 S. Timberlane Drive&#x0D; El Dorado, AR 71730&#x0D; &#x0D; RE: Carol Brotherton, #1811777&#x0D; DOB: 08/14/1961&#x0D; &#x0D; Dear Dr. Monteith:&#x0D; &#x0D; It was a pleasure to see your patient, Carol Brotherton, in the office today; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 not 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		Lordosis, unspecified, lumbar region Lumbago with sciatica, left side Other specified joint disorders, unspecified joint; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left Lower Extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		pt fell 10/19/2018; 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		She does likely have some chondromalacia but upon further questioning and exam there seems to be a radicular nature to her pain. She has decreased sensation in the medial lower leg, diminished patellar reflex, and subjective numbness on the sole of the fo; 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.; 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		status post fall this morning was unable to get out of the floor. Prolonged downtime. Struck back of head on Coumadin. Metastasis to brain; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a 42 year old black female seen and examined at the request of Dr. Hollis Banks-Giles for evaluation of headaches.&#x0D; &#x0D; Ms. Earvin reports about a month and a half to two months ago she was placing some objects up on top of some chairs when it slipped; 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.; 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; It is unknown if the study is 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
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.	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 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
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.	26
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).	13
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 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Surgery in the past.; This study is being ordered for a neurological disorder.; 12/26/2013; There has been treatment or conservative therapy.; Severe back pain radiating to right buttocks and knee. Pain is aching and dull. Pain is worsening - worsens with all activity, especially repetitive motion.; Physical Therapy. Injections. Medication. 1'; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		the patients symptoms are getting worse. the patient is barely walking due to the weakness in his lower extremities; This study is being ordered for a neurological disorder.; 01/28/2013; There has been treatment or conservative therapy.; numbness, tingling, and weakness in bilateral lower extremities; Physical Therapy.&#x0D; Medications 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
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.	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Orthopedics	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.; 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	161
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	24
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	2
Orthopedics	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; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		WEAKNESS, RLE RADICULOPATHY; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LBP W WEAKNESS TO RLE, RLE RADICULOPATHY; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		will attach clinicals if needed; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; diminished reflexes, worsening 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.	1
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		Imaging of the pelvis dem severe post traumatic arthritis of the R hip, with extensive osteophyte formation of heterotrophic bone apparent in the judet , fracture of the hip with post traumatic arthritis, to see the position of the heterotrophic bone to p; 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		Patient has moderate to severe right hip pain. He has post-traumatic osteoarthritis and needs a total hip replacement. The patient is s/p acetabular fracture repair and has current hardware. We need the CT to verify if the hardware will interfere with th; 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		per-op testing to remove schwannoma tumor from lower leg and to recheck pelvis post 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
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		unknown; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
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.	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 is experiencing dizziness.	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.; 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
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 not undergone treatment for a congenital abnormality (such as hydrocephalus or craniostynosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	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 patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniostynosis).; 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.	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.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	71
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.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.; This is NOT a Medicare member.	1
Orthopedics	Approval	72192 Computed tomography, 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.; ; There has been treatment or conservative therapy.; Right hip and groin pain. She has a sensation of instability in the right hip. Sharp pain with weightbearing at 9/10. Pain exacerbated by activity and by lying on her side.; NSAIDS&#x0D; 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	72192 Computed tomography, pelvis; without contrast material		x-ray on 11/14/2018 shows edema and fracture sacrum and iliac crest.; 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)		; 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
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient has had left hip pain for 2 years. Evaluate for avascular necrosis or labral tear.; 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 evaluation of the pelvis prior to surgery or laparoscopy.	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 pelvic trauma or injury.	10
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.	3
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	9
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	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
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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack); This study is being ordered as a 12 month annual follow up.	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 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

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.	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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 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).	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 a tumor.	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.; This study is being ordered for and infection or inflammation.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		To Rule out Seizures. Due to tremors in hands.; 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		TRIGEMINAL NEURALGIA OF THE LEFT SIDE OF THE FACE,CERVICAL RADICULOAR PAIN,HX C SPINE SURGERY IN THE PAST, NECK PAIN,LEFT FACE,HEAD NECK, INTO LEFT SHOULDER,LEFT FACE PAIN MULTIPLE TIMES PER DAY, NOSE RUNS,LEFT FACE PAIN OCCURS 6-9 TIMES PER DAY,&#x0D; Duratio; 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		unk; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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; 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; The study is 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		unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Unknown; This study is being ordered for a neurological disorder.; 08/2018; There has been treatment or conservative therapy.; Mild cognitive impairment. History of CVA. R/O tumor. Looking for seizures.; Brain MRI was performed on 09/04/2018.; 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		unknown; This study is being ordered for a neurological disorder.; 11/01/2018; There has been treatment or conservative therapy.; dizziness, gait disturbance, numbness, headaches, performance changes, vertigo; 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		vestibular migraines severe vertigo; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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
Neurology	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



Neurology	Approval	71250 Computed tomography, thorax; without contrast material		checking for thymoma possible due to recently diagnosed ocular myasthenia gravis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		; 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
Orthopedics	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		PATIENT HAS TSA IN OCTOBER, IMMEDIATELY BEGAN FEELING NUMBNESS, COOLNESS AND SWELLING IN BOTH HANDS; This study is being ordered for Vascular Disease.; PATIENT HAD TOTAL REVERSE SHOULDER SURGERY ON 10.3.18, BEGAN FEELING SWELLING, COOLNESS, AND NUMBNESS IN BOTH HANDS.; There has been treatment or conservative therapy.; SWELLING AND NUMBNESS BOTH HANDS, ALSO HAS COOL FEELING, UNABLE TO CONTINUE P.T.; PATIENT HAS TO STOP PHYSICAL THERAPY DUE TO SWELLING IN HANDS, HAS HAD TO MONITOR AND CHANGE SOME OF HIS 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	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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/26/18; There has been treatment or conservative therapy.; PAIN, TENDERNESS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		MRI with and without contrast of the right hand of the left wrists to evaluate these masses in the source of swelling and pain.; This study is being ordered for inflammatory/ Infectious Disease.; 05/2018; There has been treatment or conservative therapy.; Left wrist pain it's more radial in the midportion. She has nodules in this area, possibly consistent with rheumatoid nodules. Pain of the right hand with a mass between the third and fourth metacarpal joints that his not as impressive as the left wrist t; NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73220 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.	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		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.	5
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			9
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation; List meds here; The patient received medication other than joint injections(s) or oral analgesics.	1
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		evaluation of an abnormal cervical MRI performed to evaluate his c/o upper extremity paresthesias.; 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		It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1
Neurology	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
Neurology	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; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	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 Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT	1

Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		evaluation of an abnormal cervical MRI performed to evaluate his c/o upper extremity paresthesias.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/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	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; This study is being ordered for a neurological disorder.; 10/10/2018; 10/10/2018; There has not been any treatment or conservative therapy.; There has not been any treatment or conservative therapy.; seizures, previous stroke, cervicgia.; seizures, stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 1 year; There has been treatment or conservative therapy.; dizziness blurred vision numbness in hands and toes burning hot pain in foot; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/26/18; There has been treatment or conservative therapy.; PAIN, TENDERNESS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 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.	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 an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 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.; several years, but started giving him lots of problems 8/16/18; There has been treatment or conservative therapy.; pain and stiffness that radiates into both shoulders and down his bilateral upper extremities to the fingers. His pain is equal bilaterally. The pain is worse with over exertion. Tenderness to palpation in the middle to lower cervical spine, bilateral occ; Steroid Injections, NSAIDs, 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Abnormal X-ray. Head fracture. Pain in the left wrist. Hand is perfused. Taking anti inflammatory. Limited range of motion.; 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 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)		Enter answer here - or Type In Unknown If No The pain is aggravated by lifting, movement and pushing. The pain is relieved by rest. Associated symptoms include decreased mobility, joint tenderness and weakness. Pertinent negatives include bruising, cre; 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

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; HEADACHES, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has not been any treatment or conservative therapy.; off balance muscle twitching slurred speech; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/18; There has been treatment or conservative therapy.; neck pain, numbness, dizziness; chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/2017; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.	18
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.; 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		; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	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.; ; 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)		evaluated the patient along with the resident, exam as below, 4/5 strength testing on external rotation and supraspinatus. Positive impingement sign. She has failed to respond to conservative including anti-inflammatories and physical therapy. She report; 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)		Hand/Fingers&#x0D; Reported by patient.&#x0D; Location: right &#x0D; Quality: aching; sharp; constant &#x0D; Severity: pain level 6/10; worst pain 10/10 &#x0D; Duration: date of onset: (11/11/2018) &#x0D; Timing: acute &#x0D; Context: fall &#x0D; Alleviating Factors: rest; brace &#x0D; Aggravating F; 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 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)		Left shoulder shows no deformity. He has good active and passive motion but has pain with overhead activity. He has significant pain and weakness against rotator cuff resistance. There is no instability. He is neurovascularly intact. Referred today for hi; 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)		LIMITED RANGE OF MOTION CAN NOT PRONATE HAND, OR REACH OUTWARD. BEEN BOTHERING HER ALOT RECENTLY NO SPECIFIC INJURY. POSSIBLE SURGERY PLANNING IT LABRAL TEAR IS SEEN ON MRI ARTHROGRAM; 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)		MRI with and without contrast of the right hand of the left wrists to evaluate these masses in the source of swelling and pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 05/2018; There has been treatment or conservative therapy.; Left wrist pain it's more radial in the midportion. She has nodules in this area, possibly consistent with rheumatoid nodules. Pain of the right hand with a mass between the third and fourth metacarpal joints that his not as impressive as the left wrist t; NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		PAIN AND POSSIBLE 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 had increased pain after falling and hitting a door with shoulder, positive compression test, pain with strength and pingement testing, joint tenderness, unable to take anti inflammatory medications because of GI sensitivity, cortisone injection 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
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.; 2013; There has been treatment or conservative therapy.; Multiple Sclerosis, sever fatigue; MS treatment history:Started Copaxone 10/2013. Signed up for Gilenya 9/22/2014. Started Gilenya 4/2015. Lemtrada year one 2/2018; 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		; This study is 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.; loss of right vision, numbness and tingling rt leg.; Tecfidera, Rebif, Ocrevus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		36 year old man with progressive, diffuse weakness and gait imbalance. CNS imaging was unremarkable 1 year ago, but he has some myelopathic signs this time worrisome for change. EMG is essentially normal with exception of very mild slowing of the left per; This study is being ordered for a neurological disorder.; June 2017; There has been treatment or conservative therapy.; left lower extremity weakness and numbness. He continues to have weakness and numbness throughout his legs too. His left leg is worse in comparison to the right. He has fallen a couple of times due to this. Over time he has noticed worse tingling through; He states that he completed several rounds of physical therapy with temporary relief. He is currently in a pain contract with his primary care doctor. He is prescribed Hydrocodone, Gabapentin, and Flexeril with mild 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Evaluation of MS; This study is being ordered for a neurological disorder.; 11/14/2017; There has been treatment or conservative therapy.; Weakness; 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		evaluation of the disease progression; 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		MIGRAINE HEADACHES NOT RESOLVED WITH TREATMENT, SPINAL FLUID ABNORMAL-R83.9 PROTEIN-R83.8; This study is being ordered for Inflammatory/ Infectious Disease.; 11/09/2018; There has not been any treatment or conservative therapy.; SEVERE HEADACHE NOT RESOLVING WITH TREATMENT, ELEVATED SPINAL PROTEIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		Patient has had shoulder dislocation with pain and limited range of motion. x-ray shows subluxation and very weak on exam. ROM limited and use of arm very decreased and limited.; 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 pain in the left shoulder radiating to the upper arm. Painful range of motion. Unable to do abduction or flexion of the shoulder with severe weakness of external rotation.; 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)		Pt is a 51 years old RHD Male with RIGHT shoulder pain for 3 months. No specific injury. Pt complains pain at night. No associated numbness and tingling. No previous surgeries or problems with this shoulder. The pain is described as sharp, aching pain that; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pt is a 52 years old RHD Male with RIGHT shoulder pain for 3 months after he slipped on tin and fell on October 18,2018. Positive pain at night. Some occasional numbness and tingling. &#x0D; Patient points posteriorly as the area that is most painful.&#x0D; No prev; 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)		right shoulder pain, evaluate for rotator cuff tear.&#x0D; injury 6 months ago,&#x0D; radiates to right neck and arm, is worsening, aching, sharp and throbbing has done ice, NSAIDs, normal xrays; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Rule out Biceps tendon rupture.; This study is being ordered for trauma or injury.; 11 days ago; There has been treatment or conservative therapy.; Pain with using elbows, lifting too much. Dull pain. Stiffness.; Patient does home exercise 20 mins 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	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		She is having Right shoulder pain made worse with moving, lifting and reaching overhead. Her pain began after lifting heavy feed bags repetitively. No change in symptoms with Advil or Mobic, Ice, heat or change in activity level and home exercises. X-ray; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Ms Artman is a 45 yo old woman who presented with constellation of symptoms which have been progressively worse over the last two years. She reports fatigability, myalgias, neck and back pain, stiffness in her feet and difficulty with walking. Exam signif; 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		Ms. Tatum is a 64 yo woman with MS on Aubagio, who was referred to neurology for management of MS as her neurologist has retired; This study is being ordered for a neurological disorder.; 08/31/2018; There has been treatment or conservative therapy.; Pt has been seeing Neurologist (Dr. Michael Clevenger in Texarkana) who was managing her MS, but has retired. Per outside note, onset of symptoms started around or before 2009 with unsteady gait and BLE weakness. She had MRI brain in 2014 that reportedly ; Per outside note, she did not want to be started on treatment for MS until 2016, when she was started on Aubagio, which she is tolerating with mild leukopenia. She uses a stationary bike but reports knee pain. She is taking vitamin D3 5000-15000 IU 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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		neck pain left shoulder goes numb &#x0D; n/t in hands and feet&#x0D; spots on head goes numb&#x0D; arms tingle; 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		Patient has severe headache and neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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		Patient with neck pain and new onset left arm numbness.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Plan.&#x0D; For: (G35) Multiple sclerosis&#x0D; 1. Continue Tecfidera and Ampyra at current dose.&#x0D; 2. Repeat MRI brain without contrast to assess.&#x0D; 3. Repeat MRI cervical spine without contrast to assess.&#x0D; 4. Check CBC with differential and CMP levels today.&#x0D; 5. St; This study is being ordered for a neurological disorder.; 06/26/2017 diagnosed with MS; There has been treatment or conservative therapy.; Ms. Brown returns to the clinic today for follow up on pain and weakness. She is still taking Ampyra and thinks it is helping as she feels that she has more energy throughout the day. As of late she has been having pain in her feet and has tried using an ; Ms. Brown returns to the clinic today for follow up on pain and weakness. She is still taking Ampyra and thinks it is helping as she feels that she has more energy throughout the day. As of late she has been having pain in her feet and has tried using 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient is not using pain medication. The patient reports no complications with the wound. The patient's activity level is back to pre-operative level. There are no indwelling devices. Pertinent negatives include abdominal pain, anorexia, calf ten; 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 patient states that a month ago he was in an accident. Since then he had posterior left shoulder pain. This pain seems to be worsening with time. The pain is moderate in intensity. Pain can radiate over the apical shoulder and into the arm. 2 weeks af; This study is being ordered for a neurological disorder.; ABOUT 1 YEAR; There has been treatment or conservative therapy.; weakness; instability; NSAIDS, REST, 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
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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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."; Arthritis inflammation	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."; CC: Right Shoulder HISTORY OF PRESENT ILLNESS:Rachel presents today with her parents for right shoulder pain. She is a senior at CBC where she plays softball, she is a pitcher. She reports approximately 2 weeks ago she started experiencing right 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.; "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 Patient is here today for his right shoulder. This is a gentleman I have seen in the past for that shoulder who has a known partial-thickness tearing of the rotator cuff he had been doing okay but having just 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."; Pt is here today with c/o increased right shoulder pain without known injury. He is 3+ mos s/p right shoulder scope and 2.5 wks s/p right shoulder I & amp; D. Pt's wife states his ROM has almost depleted.&#x0D; Neurologic: weakness.&#x0D; Shoulders: Inspection Right: Te	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."; Pt is here with c/o pain to his right shoulder that he has been experiencing for the last 1.5 wks. He says that he was doing some exercise on a machine and he felt that the right shoulder popped out. He felt a sharp stabbing pain that radiates into the ri	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."; Pt suffer with 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."; Steroid injection 4-5 weeks ago with no relief. Patient has been taking OTC medication and has been doing home therapy.	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."; steroid injections, rest, ice, Tylenol offered no relief	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."; to evaluate articular surface as well as glenohumeral ligaments	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.; History of right shoulder dislocation on 10/07/18. Continued pain and decreased ROM	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.; Lifting and using it makes it worse pt have tried aspirin and Icy hot. Patient has tried home exercise by her primary care Physician which she has been doing the beginning of Sept with no improvements	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.; Rotator cuff impingement syndrome, right &#x0D; &#x0D; Biceps rupture, proximal, right, initial encounter	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.; some narrowing of the acromioclavicular joint and a type II acromion is present.Evaluation of the labrum and the cyst	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		See attached clinicals; This is a request for cervical spine MRI; Neurological deficits; 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.; 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		See attached clinicals; This study is being ordered for a neurological disorder.; See attached clinicals; There has been treatment or conservative therapy.; Mr. Robinson returns to the clinic today for follow up on right leg weakness. Since his last appointment in September he has continued to notice progressive weakness. While this initially started in the right leg he now has bilateral leg weakness. In addi; Physical therapy&#x0D; ibuprofen 800 mg tablet&#x0D; gabapentin 100 mg capsule&#x0D; aspirin 81 mg tablet,delayed release; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	2
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.	8
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.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1

Neurology	Approval	72141 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.	51
Neurology	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
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; to assess disease burden of MS; 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; He was seen in the emergency department yesterday with atypical chest pain left-sided with tingling and numbness face left arm left leg. Workup was negative. He was given Ativan which essentially resolved all of his symptoms. Despite this he states tha; 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; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	39
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; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	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; It is not known if the patient demonstrate neurological deficits.; 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; 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		trying to rule out MS; This study is being ordered for a neurological disorder.; 07/03/2018; There has been treatment or conservative therapy.; chronic fatigue-parastesia, 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		unknown; This is a request for cervical 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.; The patient 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		unknown; This study is being ordered for a neurological disorder.; 11/05/2017; There has been treatment or conservative therapy.; weakness, numbness, gait disturbance; 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		unknown; This study is being ordered for a neurological disorder.; 11/2/18; It is not known if there has been any treatment or conservative therapy.; weakness, left arm and leg weakness, muscle atrophy, acute flaccid myelitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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.; to reassess the disease burden from Multiple sclerosis. there is a question of new lesions in cervical cord on last scan done 1 year ago	1



Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/29/2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; prev MRI of C spine, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/1/18; There has been treatment or conservative therapy.; MEMORY LOSS, NUMBNESS, BALANCE ISSUES; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has not been any treatment or conservative therapy.; off balance muscle twitching slurred speech; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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.	9
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Back pain. Pt recently started seeing pain management. Pt has numbness pain and tingling to both arms. Post-traumatic syrinx, abnormal; decreased sensation right hand, Exam: hoffman's neg, spurling's pos. clonus neg, limited ROM of cervical spine in all p; 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	Ms. Tatum is a 64 yo woman with MS on Aubagio, who was referred to neurology for management of MS as her neurologist has retired; This study is being ordered for a neurological disorder.; 08/31/2018; There has been treatment or conservative therapy.; Pt has been seeing Neurologist (Dr. Michael Clevenger in Texarkana) who was managing her MS, but has retired. Per outside note, onset of symptoms started around or before 2009 with unsteady gait and BLE weakness. She had MRI brain in 2014 that reportedly ; Per outside note, she did not want to be started on treatment for MS until 2016, when she was started on Aubagio, which she is tolerating with mild leukopenia. She uses a stationary bike but reports knee pain. She is taking vitamin D3 5000-15000 IU 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	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.; 3 yrs ago; There has been treatment or conservative therapy.; MS weakness vision defect; 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
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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
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 bowel or bladder dysfunction.	3
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.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2
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.; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.;	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.	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.; Patient has no sensation on the right leg, using wheelchair due to paralysis of right leg possible t spine myelopathy, no strength in right leg rated 0-1/5; 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.; POTS (postural orthostatic tachycardia syndrome)&#x0D; Hypermobility syndrome&#x0D; Left arm numbness&#x0D; Chronic intractable headache, unspecified headache type&#x0D; Chronic neck pain&#x0D; Vision loss&#x0D; Urinary incontinence, unspecified type&#x0D; Spinal instability, unspecified s; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/12/2018; There has not been any treatment or conservative therapy.; off balance muscle twitching slurred speech; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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.; 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Back pain. Pt recently started seeing pain management. Pt has numbness pain and tingling to both arms. Post-traumatic syrinx,abnormal; decreased sensation right hand, Exam: hoffman's neg, spurling's pos. clonus neg, limited ROM of cervical spine in all p; 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		Ms Artman is a 45 yo old woman who presented with constellation of symptoms which have been progressively worse over the last two years. She reports fatigability , myalgias, neck and back pain, stiffness in her feet and difficulty with walking. Exam signf; 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.; The patient does NOT have acute or chronic back pain.;	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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 has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
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.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurology	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.; 11/2/18; It is not known if there has been any treatment or conservative therapy.; weakness, left arm and leg weakness, muscle atrophy, acute flaccid myelitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	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
Neurology	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
Neurology	Approval	73720 Magnetic resonance (eg, proton) 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 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.	1

Neurology	Approval	73720 Magnetic resonance (eg, proton) 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.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days	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 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
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 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
Neurology	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, &#xOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#xOD; 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
Neurology	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
Neurology	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
Neurology	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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
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 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
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 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
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.; 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
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.; 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.	3
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	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
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 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

Neurology	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
Neurology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 3-4 years ago; There has been treatment or conservative therapy.; daily headaches, frequent sinus headaches, migraine without aura; Amitriptyline, fluoxetine, nortriptyline & topiramate have all been tried for prevention.&#x0D; &#x0D; acetaminophen, advil migraine, asa, excedrin migraine, ibuprofen, sumatriptan tablets, sumatriptan nasal spray, and rizatriptan have all been tried as treatment w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	MRI brain in 2013 normal, will order CTA brain due to persistent exertional/laugh induced headache, want to see if there is a mass & if there is a supply source; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	unknown; This study is being ordered for Vascular Disease.; June 21, 2018 follow up tia, cci, migraines, left ICA stenosis; 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	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	will include in clinical fx; This study is being ordered for a neurological disorder.; 11/15/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2016; It is not known if there has been any treatment or conservative therapy.; pain and numbness on R side of face and shoulder joint going to fingers in R hand, headaches, vomiting and diarrhea, tingling neck numbness, pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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	evaluation of how to proceed with treatment; This study is being ordered for a neurological disorder.; 9/13/2018; 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
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	recurrent TIA; This study is being ordered for a neurological disorder.; 02/2017; There has been treatment or conservative therapy.; memory loss; 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	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	Right side head pain, right side vision loss.; This study is being ordered for a neurological disorder.; 01/05/2018; There has been treatment or conservative therapy.; Intractable right side orbital pain and headache with vision loss on right side.; Rizatriptan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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

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.; June 2018; There has not been any treatment or conservative therapy.; headaches, dizziness, numbness and tingling on left side of body. balance issues, nauseous. confusion and word finding trouble.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	48-year-old lady with several different problems. She developed pneumonia about 2-1/2 months ago. During her hospitalization she was coded and received CPR though she reports she was never intubated. Since that time she has had problems with tremor. S; This study is being ordered for a neurological disorder.; Two and 1/2 months ago; There has been treatment or conservative therapy.; headaches, confusion, memory, weak, tingling pain in arm and legs, shaking, heart palpitations; previous EEG &#x0D; Heart monitor - extended; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	48-year-old lady with several problems post code. Her exam is negative. I cannot exclude a mild anoxia that may be causing some of these issues. Thus far her testing has been unrevealing. I will repeat her MRI as well as get a MRA. Check 1 more EEG.; This study is being ordered for a neurological disorder.; August 2018; There has been treatment or conservative therapy.; During her hospitalization she was coded and received CPR though she reports she was never intubated. Since that time she has had problems with tremor. She has cold intolerance. Other times she becomes diaphoretic. She has had some blurred vision off; patient was hospitalized, seen by cardiologist with a 3 week heart monitor, previous MRI, and EEG testing were done as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chronic tension type headache. Patient had one episode of "thunderclap" headache by her history. Presented to the ER on this date, 11.5.18 had a CT the brain without contrast which was negative. Would recommend MRI with MRA to rule out aneurysm.; 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	Imp: r/o horner's syndrome vs headache syndrome &#x0D; &#x0D; V: facial light touch sensation Decreased sensation in R V2/3 distribution &#x0D; 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 &#x0D; Cervical Disc Disease Care Instructions given to the Patient in 04/09/2018.&#x0D; low dose tricyclic: nortriptyline 10mg qhs &#x0D; 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	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Very nice, appreciative 63-year-old female with neurological decline over the past year. Etiology uncertain. ? Contribution from meds? Brain MRI shows considerable white matter change. Does not have typical vascular risk factors. Dr. Morse did a spinal; This study is being ordered for a neurological disorder.; December 2017; There has been treatment or conservative therapy.; unsteady gait - cognitive impairment - ringing in ears - auditory hallucinations - diminished vibratory sense and impaired coordination noted on physical exam; Primidone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the the ultrasound showed dissection, stenosis or a glomus tumor.; The patient does not have carotid (neck) artery surgery.	1

Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/03/2017; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	48-year-old lady with several problems post code. Her exam is negative. I cannot exclude a mild anoxia that may be causing some of these issues. Thus far her testing has been unrevealing. I will repeat her MRI as well as get a MRA. Check 1 more EEG. ; This study is being ordered for a neurological disorder.; August 2018; There has been treatment or conservative therapy.; During her hospitalization she was coded and received CPR though she reports she was never intubated. Since that time she has had problems with tremor. She has cold intolerance. Other times she becomes diaphoretic. She has had some blurred vision off ; patient was hospitalized, seen by cardiology with a 3 week heart monitor, previous MRI, and EEG testing were done as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 09/18/2018; There has not been any treatment or conservative therapy.; WEAKNESS, NUMBNESS, TINGLING, MUSCLE SPASMA, PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; PAIN, UNBALANCE, GAIT; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/2017; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.	9
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.	5
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	1 year follow up appointment for eye twitching, tinnitus, memory problems.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	48-year-old lady with several different problems. She developed pneumonia about 2-1/2 months ago. During her hospitalization she was coded and received CPR though she reports she was never intubated. Since that time she has had problems with tremor. S; This study is being ordered for a neurological disorder.; Two and 1/2 months ago; There has been treatment or conservative therapy.; headaches, confusion, memory, weak, tingling pain in arm and legs, shaking, heart palpitations; previous EEG &#x0D; Heart monitor - extended; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Diffuse back neck pain with a reported diagnosis of fibromyalgia on treatment; 2. Intention tremor not obvious on exam today may be extension awaited physiologic tremor from underlying anxiety and depression; 3. Vision changes right eye with past history; This study is being ordered for a neurological disorder.; 05/31/2018; There has been treatment or conservative therapy.; Neck pain, back pain, numbness in both upper extremities and tremors. He also has retinal detachment with varying degrees of visual scintillations both polychromatic as well as monochromatic; He has been to a retinal specialist and they're not sure of the cause and has done injections for his lumbar concerning his 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	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 UnknownMr. Wroten returns for followup of his problems with an enhancing lesion at C4-5 in the left posterior aspect of the spinal cord. Repeat MRI today was done to rule out evidence for a neoplasm and to make sure this ; 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	HISTORY OF TREMORS THAT IS PROGRESSING SEVERELY THE LAST FEW MONTHS. HEADACHES AND CONFUSION ARE NOTED BY PATIENT; 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	Mild cognitive decline: As she has had recent neuropsychological testing confirming mild attention deficits and reportedly declining function is related to the right hemisphere, I did not do a full Testing of her cognitive function. Main question for; 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	Paresthesia of skin; 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	Patient is having throbbing headache 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt came to clinic as a new patient with radiating neck pain that is causing headaches as well as low back pain causing ble numbness; 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	The patient reports that the weakness started about two to three years ago. The patient reports the weakness to his lower extremities started abruptly. The patient feels that this has improved some because he reports three years ago he couldn't walk. Th; This study is being ordered for a neurological disorder.; The patient does not have any weakness on exam. The patient does have an antalgic gait. I would like to obtain a MRI of the lumbar spine to rule out any structural abnormalities. Also I would like to obtain a MRI of the brain due to his antalgic gait; There has been treatment or conservative therapy.; The patient reports that the weakness started about two to three years ago. The patient reports the weakness to his lower extremities started abruptly. The patient feels that this has improved some because he reports three years ago he couldn't walk. Th; The patient reports that the weakness started about two to three years ago. The patient reports the weakness to his lower extremities started abruptly. The patient feels that this has improved some because he reports three years ago he couldn't walk. 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	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
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	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.; Approximately 1995; There has been treatment or conservative therapy.; Migraines with and without aura, Daily headaches, Frequent Sinus headaches.; Amitriptyline, Topiramate, Nortriptyline & Imipramine have been tried for prevention with little to no success.; Acetaminophen, Advil Migraine, aspirin, Excedrin Migraine, ibuprofen, Imitrex tablets, naproxen, Relpax, & zolmitriptan zmt have all been tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	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.; roughly 30 years ago with increase in frequency and severity 6 months ago.; There has been treatment or conservative therapy.; Migraine with and without aura, coital headache.; acetaminophen, Advil Migraine, ASA, butalbital containing products, Excedrin Migraine, Goody Powders, hydrocodone, ibuprofen, naproxen, and Phenergan have been used as 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
Neurology	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.; 01/01/2018; There has been treatment or conservative therapy.; pain , muscle tightness, sensory loss, spasms,; medication,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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	; Yes, this is a Functional MRI Brain.	1
Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 10/29/18; There has been treatment or conservative therapy.; dysarthria dypyhgi and weakness; medications, 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	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 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Mild dystonic tremor involving the head, with very mild cervical dystonia with head turn very slightly to the right. I suspect that she has a very mild cervical dystonia with associated dystonic tremor. Differential diagnosis also includes mild essential ; 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 caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy,;" The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	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
Neurology	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.; Degeneration of cervical intervertebral disc; 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 09/18/2018; There has not been any treatment or conservative therapy.; WEAKNESS, NUMBNESS, TINGLING, MUSCLE SPASMA, PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; PAIN, UNBALANCE, GAIT; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; July 11, 2018; There has been treatment or conservative therapy.; Back pain; home 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; two months ago; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; degenerative disc disease in 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
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.	9
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; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; See attached clinicals; The patient 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; 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
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.; 11/03/2017; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; june 2018; There has not been any treatment or conservative therapy.; headaches, dizziness, numbness and tingling on left side of body. balance issues, nauseous. confusion and word finding trouble.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Dr. Krishna would like to reorder scans and see pt in clinic in the next week or two.; 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	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.; unknown	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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	Paresthesia of skin; 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	physician is requesting MRI's due to be unclear about some of the symptoms the patient is having. she would like the MRI to rule out all other possibilities.; This study is being ordered for a neurological disorder.; since childhood but worsened in 2015.; There has not been any treatment or conservative therapy.; Migraines lasting anywhere from 6-72 hours w visual auras, bifrontal and bipetoral throbbing associated with light and sound sensitivity, and some nausea. she also has left arm dull achy pain and numbness, with neck pain. she has had increased difficulty ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 is having radiating neck and lower back pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	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; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 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.	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 42 year old black female seen and examined at the request of Dr. Holli Banks-Giles for evaluation of headaches. Ms. Earvin reports about a month and a half to two months ago she was placing some objects up onto of some chairs when it slipped; 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 follow up visit from a different MDO; This study is being ordered for a neurological disorder; UNKNOWN; There has been treatment or conservative therapy.; pt. follow up for neuropathy in all extremities, spasms in legs, numbness and tightness, spine hurting, tremors in lower extremity.; Medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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; 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.	3
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; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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 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
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; It is not known if the patient demonstrate neurological deficits.; patient having cervical pain and problems as well as pain and pressure on the left side of her face.	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; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist.; 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	To determine degenerative disc; 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	to r/o myelopathy; This is a request for 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
Neurology	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.; neuropathy in all extremities, hands going numbness, spine hurts, tremors in lower extremity, difficulty swallowing; Pt. is on medication, 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
Neurology	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.; 01/01/2018; There has been treatment or conservative therapy.; pain, muscle tightness, sensory loss, spasms.; medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	2

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 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
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 a neurological disorder.; NOV 1,2018; There has not been any treatment or conservative therapy.; Pass two years had fatigue. progressive weakness lost of balance problems with constipation recent head MRI showing ( T2 Hyper) history of MS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	2
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	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.; &Enter Additional Clinical Information&The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	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.; Patient has problems with unsteady gait and lower extremity weakness; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	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.; Tyler Denny is a 34 y.o. right handed man that presents for follow up of RR multiple sclerosis. Onset of symptoms in 2014 with right eye blurriness, improved over 24 hours. In 2016 had difficulty with distance vision and left arm numbness. Started on Copaxone; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	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.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	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.; 01/01/2018; There has been treatment or conservative therapy.; pain , muscle tightness, sensory loss, spasms.; medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	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.; July 11, 2018; There has been treatment or conservative therapy.; Back pain; home 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	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.; two months ago; There has been treatment or conservative therapy.; &Describe primary symptoms here - or Type In Unknown If No Info Given &; 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
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.	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.; Neurological: Positive for dizziness, weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	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	muscle aches and weakness; and arthralgias/joint pain.&#x0D; tiptoe abnormal.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle aches and weakness; and arthralgias/joint pain.&#x0D; numbness and tingling.&#x0D; tiptoe abnormal.&#x0D; &#x0D; 64 years old Hispanic female with history of unspecified brain tumor comes here for evaluation and treatment of pain in the legs and tremor. She is here wi; The patient does not have new signs or symptoms of 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	pt is having radiating neck and lower back pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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; 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 an Epidural.	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 does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	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	2
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 an Abnormal nerve study involving the lumbar spine	1
Neurology	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.; neuropathy in all extremities, hands going numbness, spine hurts, tremors in lower extremity, difficulty swallowing; Pt. is on medication, 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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	urinary incontinent; This study is being ordered for a neurological disorder.; 11/9/2017; There has been treatment or conservative therapy.; seizures and convulsions; medication and MRI scan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This problem is preventing the pt from doing her job, she works as a hairstylist and can not properly function at work due to right shoulder pain and decreased range of motion in her right shoulder.; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; pain, decreased range of motion; Epidural Steroid treatment, stretching, massage therapy, NSAIDs, BUE EMG/NCV; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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
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 a neurological disorder.; Degeneration of cervical intervertebral disc; 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
Neurology	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
Neurology	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.; 10/29/18; There has been treatment or conservative therapy.; dysarthria dypyhgi and weakness; medications, 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	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;;	1
Neurology	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.; Numbness	1
Neurology	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; headaches, memory loss, vision loss, change in speech,&#x0D; dizziness, ringing in ears, weakness, personality change, weight change, daytime drowsiness.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Neurology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	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)	1
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
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 is experiencing fatigue or malaise.	1
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		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
OB/Gynecology	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
OB/Gynecology	Approval	7150 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
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.;" The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient.;" This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	Had a pelvic ultrasound; 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	presented on 10/18/18 bratholin, seen In ER twice, drained rt side, still on the left, no fever, drains in warm shower and keeps recurring everyday.; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	unknown; 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
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Bone pain; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	none; 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
OB/Gynecology	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
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	abnormal ULTRA; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material	mass felt during a physical exam 4cm; 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
OB/Gynecology	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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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
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 a 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 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	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	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 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
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.; 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
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	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	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 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.; 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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unk; 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
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 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 pelvic mass.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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.; 12/11/2018; There has not been any treatment or conservative therapy.; Patient complained of shortness of breath at post op visit 12/11/18. Chest xray was ordered that saw 9cm gas and fluid collection beneath the anterior aspect of the right hemidiaphragm. CT needed to make sure subdiaphragmatic abscess.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		pt has fibroid uterus-fibroid measuring 7 cm and has heavy menstrual bleeding; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.;"	1
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Breast Density: Heterogeneously dense, which may obscure small masses. BI-RADS Category 1, negative. &#x0D; RECOMMENDATION:&#x0D; Recommend breast MRI in 6 months for high-risk screening.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with 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		Mother diagnosed in April 2018 with breast cancer. Lifetime risk score 20%. left MLO and CC 2-D digital mammography and tomosynthesis, the latter with C views. CAD employed. There is extremely dense breast tissue this may lower sensitivity of mammography.; 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		PT HAS A FAMILY HX OF BREAST CANCER IN HER MATERNAL GRANDMOTHER AT AGE 51 AND AGAIN AT AGE 72. PT HAS A CALCULATED LIFETIME RISK OF 21.7%; 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
OB/Gynecology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Radiologists recommends breast MRI to be considered given the patient's history of unilateral spontaneous right nipple discharge for one year.; 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		This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	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 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).	8
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.	5
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	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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	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
OB/Gynecology	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 known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; It is not known if this is a confirmed breast cancer.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 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
OB/Gynecology	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
OB/Gynecology	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)	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 completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	392
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 not an orthopedist.; There is documented findings of severe pain on 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 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: Amy presents today for her left shoulder. She reports on 12/04/2018 she was putting on her backpack when she had a twinge of pain in her left shoulder. She reports a few days later she was lifting a 50lb bag of horse feed whi	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.; HISTORY OF PRESENT ILLNESS: Amy presents today for her left shoulder. She reports on 12/04/2018 she was putting on her backpack when she had a twinge of pain in her left shoulder. She reports a few days later she was lifting a 50lb bag of horse feed whic	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 down the stairs on 10/27/18	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.; PT HAS MTV ACCIDENT HURTING RIGHT SHOULDER IN AUGUST	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.; suspected 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 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.	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 due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	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		; 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 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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
OB/Gynecology	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
OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	staging MMTT prior to surgery for debulking; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	staging MMTT prior to surgery for debulking; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 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 billirubin, 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 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
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.	16
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.);"; Patient has a suspected rotator cuff tear. Patient has been doing conservative care without improvement. He has had injection and NSAIDS. At his current visit he notes worsening of pain and decreased ROM.	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.);"; Patient has increased pain and decreased ROM over time. With examination he has significant weakness and is getting worse. He has had a distal clavicle resection in the past. We would like an MRI to evaluate for a 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.;	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; This study is being ordered prior to arthroscopic surgery.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Amber Hudson is a 51 years old female from Mountain Home, AR. This patient is seen today for their initial evaluation of right shoulder pain. Approximately 5 months ago this patient fell on her shoulder. She is been having pain soreness in the right 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.; He fell 5 days ago, landing on his knee, then onto his shoulder. His pain is anterior, and internally. Painful to raise arm above head, and reach behind his back. The pain has gotten progressively worse since Wednesday.	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.; Lonnie S Robinson is a 47 years old male from Mountain Home, AR. This patient is seen today for their initial evaluation of acute onset of right knee pain from a twisting injury and chronic pain of the left shoulder with abduction and external rotation.	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.; pain in right shoulder since falling in July. reports painful and limited range of motion. pain with sudden movements. little relief with anti inflammatories	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	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.; 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.; This study is being 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
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 had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Disapproval	74176 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
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 for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	33yo here complaining of pain on the left breast for the past couple of months. She thinks maybe she felt a lump on the left side about a week ago. No abnormal nipple discharge. No trauma. Pt with a strong family history of breast cancer with a first cous; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; It is not known if this study being ordered to evaluate a suspected silicone implant rupture.	1
OB/Gynecology	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	Non Mass density with calcifications; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	Patients mother was diagnosed with breast cancer at age 43. Her maternal grandmother and an Aunt also with Breast cancer. Abnormal mammogram of the left breast with Birad 3 on 10/19/18. Breast are dense bilaterally in a heterogeneous distribution. October; 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	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.; 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 NOT a request for follow up of a known murmur.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/22/2018; There has not been any treatment or conservative therapy.; visual field defect; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74176 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
Oncology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		RECURRENT SINUSITIS; 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
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		RESTAGING .follow-up with labwork and chemotherapy for Non Small Cell Right Lung Cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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 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
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 cortisone injection in june patient has been on mobic she has continued night time pain . she has pain with dls bicep tenderness	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 is a 25 years old Female with LEFT shoulder nerve pain for 5 weeks. Pt states she had a college injury while working out. Positive numbness and tingling to the 2 ulnar digits. Pt denies neck pain. Pt points posteriorly and under the scapula as the area	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 is a 35 years old RHD Male with RIGHT shoulder pain after being in a MVA on 9/11/2018. He was seen in the ER on the DOI. He points to the clavicle as the area of most pain. Pt describes the pain as a sharp, achy pain that is constant and 6 out of 10 in	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 is a 55 years old RHD Male with LEFT shoulder pain for 6 months. The pain began after no specific injury. No pain at night. No numbness and tingling. He points to the medial border of the scapula as the area of most pain. No previous surgeries or prob	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 is a 56 years old RHD Female with LEFT shoulder pain for about a year. No specific injury is noted. Positive pain at night. No numbness and tingling. No previous surgeries or problems with this shoulder. The pain is described as achy, throbbing 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.; Pt is a 60 years old RHD Male with RIGHT shoulder pain. No specific injury. Pt complains of pain at night. No associated numbness and tingling. No previous surgeries or problems with this shoulder. The pain is described as throbbing, achy pain that is i	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 is a 64 years old RHD Female with RIGHT shoulder pain for 10 months. No specific injury. Positive pain at night. No associated numbness and tingling. No previous surgeries or problems with this shoulder. The pain is described as sharp, achy pain that	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 pain x 7 months progressively worsening. painful range of motion, popping, no relief w/ conservative treatment	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT restaging for chemotherapy cancer; 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	RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	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 speciality is Oncology	1
Oncology	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 speciality is Oncology	1
Oncology	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 speciality is Oncology	1
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
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING .follow-up with labwork and chemotherapy for Non Small Cell Right Lung Cancer.; 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	There are 2 exams are being ordered.; 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 Oncology	5
Oncology	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
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
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 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	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 sings or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Oncology	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
Oncology	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; 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
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		intermittent dialation, medrosis; This study is being ordered for a neurological disorder.; 2 months ago; There has not been any treatment or conservative therapy.; dialation of the rt pupil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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	2
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	2
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	4
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Ophthalmology	Approval	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.; headache, double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/18; There has not been any treatment or conservative therapy.; VISION LOSS, BLURRED VISION, 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

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		Dx with h/o spasmus nutans, hyperopia with astig&#x0D; Mom states nystagmus has pretty much disappeared. &#x0D; She does have a history of head bobbing, but mom not seen that in a long time&#x0D; Eyes are straight with glasses on but cross without them&#x0D; Faith does not ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Nystagmus; There has not been any treatment or conservative therapy.; Nystagmus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for 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)		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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		unknown; This study is being ordered for a neurological disorder.; 7/2018; There has been treatment or conservative therapy.; vision loss, optic neuritis, headaches; medications, previous 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
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.; July of 2018; There has been treatment or conservative therapy.; Headache, Migraines 5 times a month, frequent eye twitching in left eye. Edema of both optic disks.; Medications for headaches and pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20/18; There has not been any treatment or conservative therapy.; LOST OF VISION ,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
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.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/24/18; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/15/18; There has not been any treatment or conservative therapy.; VISION LOSS, BLURRED VISION, 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
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.; 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?	43
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).	7
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).	2

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There was a re-injury, suspicious for rotator cuff tear; 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)		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.	29
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.	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 has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/2015; There has not been any treatment or conservative therapy.; FEVER, COUGH, ASTHMA,VISION LOST, PRESS BEHIFD L 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
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.	2
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Dx with h/o spasmus nutans, hyperopia with astig&#x0D; Mom states nystagmus has pretty much disappeared. &#x0D; She does have a history of head bobbing, but mom not seen that in a long time&#x0D; Eyes are straight with glasses on but cross without them&#x0D; Faith does not ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Nystagmus; There has not been any treatment or conservative therapy.; Nystagmus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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; 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.	8
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 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
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.	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.; 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

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
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 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 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 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
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.	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.; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		unknown; This study is being ordered for a neurological disorder.; 11/15/2018; There has not been any treatment or conservative therapy.; loss of vision for a few seconds, blurred vision, neck 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
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.; July of 2018; There has been treatment or conservative therapy.; Headache, Migraines 5 times a month, frequent eye twitching in left eye. Edema of both optic disks.; Medications for headaches and pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	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
Ophthalmology	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



Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2016; There has been treatment or conservative therapy.; double vision, poor vision; conversions, new glasses; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2018; There has not been any treatment or conservative therapy.; vision decreased in right 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
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 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 has a documented limitation of their range of motion.	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 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.	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 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.	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 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
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 trauma or injury.; 8/6/18; 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	3
Ophthalmology	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.	1

Ophthalmology	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.; 11/08/2018; There has not been any treatment or conservative therapy.; vision decreased in right 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
Ophthalmology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	intermittent dialation, medrosis; This study is being ordered for a neurological disorder.; 2 months ago; There has not been any treatment or conservative therapy.; dialation of the rt pupil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	8
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		None; This study is being ordered for a neurological disorder.; 10/08/2018; There has been treatment or conservative therapy.; Swelling severe pain jaw locking unable to eat or drink; Teeth extraction nerve block; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Oral/Maxillofacial	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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		to diagnose patient complaint of pain, because xrays of shoulder and elbow are negative for fracture and DJD. Pain has been going on for two years and getting worse. suspected muscle 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.; 2 years of progressive pain getting worse over the last two months. started 10/1/2016.; There has been treatment or conservative therapy.; pain, dropping things, can't lift arm overhead, weakness, no numbness or tingling, no sensory deficits, no relief with pain medicine,NSAIDS, nor Therapy. Cant sleep because of pain. pain with range of motion of elbow and shoulder.; NSAIDS, R.I.C.E. Home physical therapy program completed, pain medicine, steroid injections, normal 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	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		trying to evaluate for rotator cuff. r/o before surgical intervention is done. Has been going on for past 2 years, is getting worse. restricted range of motion, can not put hand over head. passing range motion is about 60 degrees.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; hydrocodone; The patient recieved 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)		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
Orthopedics	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 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

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; 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.; 9/1/17; There has been treatment or conservative therapy.; Severe neck and shoulder pain. Pain located anterior posterior shoulder with tenderness. Paresthesias from neck, down shoulder into back and fingers. Patient exhibits extreme pain to light touch throughout the shoulder girdle and neck. Patient has wea; Medication and joint injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 4 years ago; There has not been any treatment or conservative therapy.; weakness, pain , limited range 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
Oral/Maxillofacial	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.	2
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Lung mass noted on postoperative humerus x-ray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	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	72125 Computed tomography, cervical spine; without contrast material		Enter answer here - Previous cervical C5-6, C6-7 surgery needs CT to look at instrumentation abnormalities; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is no known condition of tumor, infection, or neurological deficits.; 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 pre-operative evaluation.; 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 known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	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
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		the patients symptoms are getting worse. the patient is barely walking due to the weakness in his lower extremities; This study is being ordered for a neurological disorder.; 01/28/2013; There has been treatment or conservative therapy.; numbness, tingling, and weakness in bilateral lower extremities; Physical Therapy, &#x0D; Medications 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
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	8
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	3
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	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; ADOLESTANT; There has been treatment or conservative therapy.; SCOLIOSIS OF THORACIC REGION, JOINT SWELLING.; PT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2006; There has been treatment or conservative therapy.; pain, weakness, loss of range of motion; PT & med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 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.; Reflexes are relatively symmetric in upper extremities. Hoffmann sign is positive bilaterally. Lower extremity reflexes are not increased. Sensation is diminished on the left with tingling down the entire left upper extremity	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; 06/2018; There has been treatment or conservative therapy.; Numbness, tingling and radicular symptoms.; Physical therapy, NSAIDS, and 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Looking for c-spine degeneration, bulging disks and any other neck defects; This is a request for 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 c-5 & c-6 with radiculopathy into right arm and hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	None; 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is 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 ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	2
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	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	63
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 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 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.; 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 does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	73700 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 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.; 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 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	15
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 not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3
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 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.; Yes this is a request for a Diagnostic CT	1
Orthopedics	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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		X-ray:&#x0D; Weightbearing AP, lateral, PA flexion, and IPV views of the left knee demonstrate end-stage bone-on-bone medial compartment osteoarthritis and moderate to severe patellofemoral compartment osteoarthritis with osteophyte formation of the superior; 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	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		"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.; Bilateral cavovarus foot alignment with peroneal tendinitis possible tear; 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 a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.;	2
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		patient had an anterior cervical decompression and fusion at C5-6 over 10 years ago and has had some element of persistent neck and arm dysfunction since then. She has additionally had a giant cell tumor of the proximal humerus that was resected and an a; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Examination reveals diminished sensation in the C8 dermatomal bilaterally. Diminished sensation in the R 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
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		The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, the patient does not demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.; No, this patient did not have a recent course of supervised physical Therapy.	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; 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	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
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; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8 YEARS AGO; There has been treatment or conservative therapy.; swelling, pain; MEDICATIONS, Pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; The study is being ordered forfoot 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		; 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		; 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		Abnormal gait, especially with running (out turning of right foot); This study is being ordered for Vascular Disease.; Bone abnormality; It is not known if there has been any treatment or conservative therapy.; systemic vascular malformation, involving multiple bones of the lower extremities continues to have relatively normal growth, nearly equal leg lengths, and improved radiographic appearance of the long bones.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty 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		EVAL FOR GANGLION CYST. XRAY ON 11/5/18 SHOWS OSSEOUS OF FIRST METATARSAL HEAD INVADING CORTEX OF RIGHT FOOT. PAIN HAS BEEN GOING ON FOR 6 MONTHS. HAS SWELLING, TENDERNESS, DECREASED MOBILITY.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast 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		He returns today for further discussion regarding his ankle pain, medial and lateral. He has been attending physical therapy regularly but does not feel that his ankle pain has improved. It is worse with any standing walking or when in a kneeling position; 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		nsaids, voltaren, working with school trainer; 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 had an injury on 11/27/18. He went to Prime Care Medical and was treated and referred to our clinic. &#x0D; &#x0D; X-RAY: on 12/5/18&#x0D; Weightbearing 3 views of the right foot and ankle demonstrate what appears to be an avulsion fracture off the lateral ca; 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		patient has chronic debilitating pain that is continually worsening, she has a hint of a fracture as well on x-ray but not well seen.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		patient needs an MRI to rule out underlying osteomyelitis. chronic R ankle wound for the past year; 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		PLAN:&#x0D; Recommend MRI of the left knee and right shoulder in follow-up after these are completed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HPI: Jeremy presents today for his left knee and right shoulder. He reports he has been having pain for years that is progressively worsening. He reports subpatellar pain and pain covering the anterior aspect of his knee. His pain is constant and descri; There has been treatment or conservative therapy.; His knee pain is constant and described as achy in nature at rest and sharp with activity. He reports a sense of instability and popping with ambulation.&#x0D; Right Shoulder: &#x0D; Right shoulder is examined as well. He has positive physical exam findings of imp; Rest and Tramadol help to alleviate his pain. Wesley Ward, APRN referred him to me for further evaluation and 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
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; Patient is a 49-year-old female.&#x0D; &#x0D; Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.&#x0D; &#x0D; Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.&#x0D; &#x0D; Cer; 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; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	32
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.	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 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 currently been doing PT for 4wks per caller	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.; 07/19/2017; There has been treatment or conservative therapy.; neck and arm pain, numbness, tingling.; pt, 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

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; ADOLESTANT; There has been treatment or conservative therapy.; SCOLIOSIS OF THORACIC REGION, JOINT SWELLING.; PT, 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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		possible fracture; 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.; This study is being ordered for None of the above; 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
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		PT HAS BIL KNEE PAIN THAT IS SHARP AND INTERMITTENT FOR THE PAST 5 MONTHS, NO INJURY, HAS BEEN DOING OBSERVATION, REST, IBUPROFEN. PAIN IS AGGRAVATED BY BENDING AND SQUATTING, RELIEVED WITH REST. DIFF.EXERCISE TO CLIMB STAIRS OR GO DOWN STAIRS, XRAYS NORM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/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		pt is in severe pain, and having trouble walking hes tried everything hot and cold pack, physical therapy, nsaid, steroid injections, no relief; This study is being ordered for trauma or injury.; 10/17/2016 about 2 years ago; There has been treatment or conservative therapy.; pain behind the patella on both knees; he has done therapy and 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	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		sudden onset of foot pain x 1 week, r/o stress fx; 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 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.	20
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 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
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 radiculopathy documented on EMG or nerve conduction study.	2
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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4



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 is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; ADOLESTANT; There has been treatment or conservative therapy.; SCOLIOSIS OF THORACIC REGION, JOINT SWELLING.; PT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/13/18; There has been treatment or conservative therapy.; PAIN, HUMP OVER THORACIC RIBS AND TENDERNESS; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 weakness.; He does complain of bilateral lower extremity numbness and tingling in his feet. He has a questionably positive straight leg raise bilaterally. His dorsalis pedis and posterior tibial pulses are 2+ and symmetric. He has no overt atrophy of his lower extre; The patient does not have new signs or symptoms of 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		; This study is being ordered for a neurological disorder.; Hip(s)&#x0D; Reported by patient.&#x0D; Location: right &#x0D; Quality: aching; throbbing; sharp; constant &#x0D; Severity: pain level 5/10; worst pain 9/10 &#x0D; Duration: date of onset: (2017); 1 years &#x0D; Shoulder&#x0D; Reported by patient.&#x0D; Location: right &#x0D; Quality: aching; sharp; There has been treatment or conservative therapy.; Shoulders: Inspection Right: no misalignment, atrophy, erythema, induration, swelling, warmth, or scapular winging and AC prominence normal. Bony Palpation Right: no tenderness of the suprasternal notch, the sternoclavicular joint, the clavicle, the corac; REST, ICE, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Diagnosis: Lumbago; neuritis right lower extremity; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She has good strength with the exception of slight weakness of dorsal flexion of the second toe and possibly the great toe and right. Sensation is intact. There is tenderness but a negative Tinel's over the posterior tibial nerve. No skin lesions are 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		fusion in 6/2017 CT 10/12/18 R/O hardware removal; 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		Hemi Arthrodesis in 06/2016; This study is being ordered for Congenital Anomaly.; 06/05/2016; There has not been any treatment or conservative therapy.; Congenital scoliosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		is still not having any pain, but has complaints involving his posture and also left hip flexor weakness. He does have a history of hip replacement from 2005.A his x-rays, he appears to have such bad degenerative change there is confluence of his segments; The 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
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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) 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.	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 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
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.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Judy E Truitt is a 58 years old female from Mountain Home, AR. This patient is seen today for their intital evaluation of left hip pain. This individual states she has a history of hip pain which goes back several months. She states she was in the eme; The study 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		numbness, tingling, and weakness, pain radiates down left buttock into the leg, worse with bending and lifting, rest does not help, symptoms are getting worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		possible surgical intervention; This study is 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 2014; 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

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is a right handed 42 year old female seen today for the low back. Pain is severe with a rating of 9/10. She describes the symptoms as sharp, stabbing, throbbing, aching, burning and shooting. The symptoms are constant. Since the onset, she rep; 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	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.	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Orthopedics	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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known dislocation.; The dislocation is reducible.; The dislocation has recurred.	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 a protective boot for at least 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		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 a protective boot for at least 6 weeks.	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.; 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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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.; This study is being ordered for Non-acute Chronic Pain; Instability	22
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.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	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.; This study is being ordered for Non-acute Chronic Pain; Locking	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.; This study is being ordered for None of the above; 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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	24
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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	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)	32
Orthopedics	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 does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1

Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		hip pain &#x0D; Onset: sudden. Severity level is severe. The problem is worsening. It occurs constantly. Location of pain is left. The patient describes the pain as sharp and throbbing. Context: no injury. Denies aggravating factors. Relieving factors ; 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)		history of THA - right thigh muscle weakness & hip pain - evaluation of prosthesis requested by Orthopedic surgeon; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		looking for labral tear or evidence of impingement; 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)		The patient is having bilateral hip pain and clicking present for 2 years that is worsening. The patient uses Hydrocodone and Tylenol with minimal relief. Right hip: There is some tenderness over the groin but no palpable masses. Pain reproduced in the ; 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.	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 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	73200 Computed tomography, upper extremity; without contrast material			1
Orthopedics	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.	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.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	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 Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	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.; This study is being ordered for Non-acute Chronic Pain; 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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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 study is not requested for knee pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) 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.	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.; 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.	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 is a request for a Knee MRI.; The ordering physician is an orthopedist.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; This study is being ordered for Suspected meniscus, 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 a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA)	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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking	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.; 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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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 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.	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 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.	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 an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.".; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	39
Orthopedics	Approval	73720 Magnetic resonance (eg, 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.	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 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
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.; 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.	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 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.	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 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
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.	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 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

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 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 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.	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	2
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	55
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.	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.	32
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 no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/18; There has been treatment or conservative therapy.; PAIN REACHING OR LIFTING, TINDERNESS; INJECTION,, HOME EXERCISE, 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2006; There has been treatment or conservative therapy.; pain, weakness, loss of range of motion; PT & med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	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 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

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.	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		unknown; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; This study is being ordered for 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		will attach clinicals; 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	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		Jeremy is a 42-year-old male who usually works in air conditioning and heating, was unable to work at this time because his hip pain is so bad on both sides, worse on the left. I have reviewed his x-rays. He has marked restriction of motion in both hips.; This study is 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.; 42-year-old white male with bilateral hip pain for years. The right is not currently most symptomatic. He has pain increases with weightbearing activities such as walking and night pain. He has not had physical therapy. He takes Celebrex. He has never had; Physical therapy and fluoroscopy guided joint injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Non tender to palpation. Flexion 100, FIR 20, FER 45. Anterior impingement test pos. Strength is normal. Distal sensation is normal. There is no rash. There is no edema. MRI to evaluate for avascular necrosis of the right hip secondary to exposure of hip; 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	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 has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	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 not directed conservative treatment for the past 6 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.; 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 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)		; This study is being ordered for a neurological disorder.; Hip(s)&#x0D; Reported by patient.&#x0D; Location: right &#x0D; Quality: aching; throbbing; sharp; constant &#x0D; Severity: pain level 5/10; worst pain 9/10 &#x0D; Duration: date of onset: (2017); 1 years &#x0D; Shoulder&#x0D; Reported by patient.&#x0D; Location: right &#x0D; Quality: aching; sharp;; There has been treatment or conservative therapy.; Shoulders: Inspection Right: no misalignment, atrophy, erythema, induration, swelling, warmth, or scapular winging and AC prominence normal. Bony Palpation Right: no tenderness of the suprasternal notch, the sternoclavicular joint, the clavicle, the corac; REST, ICE, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 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.; 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)		A 34-year-old female, student of UALR, was involved in a motor vehicle accident some 10 days ago, when the car in which she was driving, skidded on ice on Lookout Drive in Little Rock. She hit a tree rather than going into the ditch. She was seen in the ER; 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)		Bilateral shoulders: No deformity. Tenderness to palpation along the AC joint space. Positive impingement bilaterally. Passively range of motion is full. However range of motion above the shoulders is painful. There is some pain with resisted cuff tests; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; There has been treatment or conservative therapy.; symptoms as aching and throbbing/bilateral shoulder pain; therapy, gabapentin, hydrocodone, Symptoms improve with rest, ice. Interval treatment has included Natural history and expected course discussed. Questions answered.&#x0D; Educational materials distributed.&#x0D; Rest, ice, compression, and elevation (RICE) the; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		He had an injury with immediate pain, swelling, and bruising. Possible distal biceps tear.; This study is being ordered for trauma or injury.; 12/09/2018; There has been treatment or conservative therapy.; Pain in the elbow and shoulder. He has a knot at the anterior aspect of the proximal biceps, he has bruising on the elbow, "popeye" deformity. Reaching, pulling, and pushing cause pain.; over the counter medication- Advil, and he was given a prescription for Flexeril at the 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	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Location: right &#x0D; Quality: throbbing; worsening &#x0D; Duration: 5 months; continuous since onset &#x0D; Context: cannot identify &#x0D; Alleviating Factors: nothing helps &#x0D; Aggravating Factors: ROM &#x0D; Associated Symptoms: no numbness; no tingling; weakness&#x0D; Previous Sur; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		no; 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)		pain in hypothenar compartment at the base of the first metatarsal. X-rays negative for fracture. evaluate for scapholunate ligament damage. pt is agreeable to undergo surgical treatment if indicated by MRI. He would like to proceed sooner rather than lat; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		pain worse with lifting, better with immobilization, going on for the last yr. jerking shoulder, pos for drop arm test, severe pain to palpations of the lateral aspect of shoulder, maybe rotator cuff tear; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder 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 chronic.; The request is for hip pain.	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.; The study is for a mass, tumor or cancer.; 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; 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 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 has used a cane or crutches for greater than four weeks.; 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.	5



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 not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	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).	4
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 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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pain, weakness, and decreased range of motion for 3 years. Pop in shoulder after lifting son couple weeks ago. Pain with crossover impingment and supraspinatus isolation.; 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 4 years status post a left wrist DRUJ ligament reconstruction.; 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)		patient came in on 10/4/2018 complaining of chronic shoulder pain. This pain has been constant for the past 12 years. He has always just ignored it and took OTC medication. Today patient doesn't have full ROM. Dr. Pollard is wanting to get a MRI to r/o an.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Positive Hawkins sign. AC joint compression test is positive.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		pt had surgical repair in september and has since fallen and re-injured shoulder. need re evaluation; 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)		pt has + neer and + hawkins sign. ambetter would NOT approve PT so patient has not been able to do that. she has been treated in our office for shoulder pain since 3.5.18 w no improvement. r/o cuff tear; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pt is a 49 years old RHD Male with LEFT shoulder pain for 6 months. The pain began after lifting brush. No pain at night. No numbness and tingling. No previous surgeries or problems with this shoulder. The pain is described as stabbing, achy pain that is; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	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.	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 used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	4
Orthopedics	Approval	73721 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 a mass near the hip.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		recent fracture due to breast cancer, possibly due to metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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.; 2 weeks ago; There has not been any treatment or conservative therapy.; mass on throat, pinned upon airway and affecting his ability to swallow; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pt is a 58 years old RHD Female with RIGHT shoulder pain for 1 year. No specific injury noted. Positive pain at night. No associated numbness and tingling. No previous surgeries or problems with this shoulder.&#x0D; The pain is 4-9 out of 10 and worse with ov; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Pt right shoulder pain began after cutting firewood approx 10/01/18. He also states that the right shoulder has bothered him long before this date. Pt. works out and c/o decreased strength in right shoulder. On exam 11/13/18 he had Limited range of motion; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt's pain began approx 10/01/18. He has been resting and taking ibuprofen since 10/01/18.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		r/o rotator cuff tear; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Right shoulder shows no deformity. He has positive impingement. He has pain with rotator cuff resistance but no significant weakness. He does have pain with active motion. He has no instability. He is neurovascularly intact.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 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.	5
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.	3
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.	1
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 patient has had right shoulder pain for 1 year. She started noticing the pain while cleaning her house and with over head movements. Her symptoms are unchanged with use of Celebrex and IcyHot. On exam: Moderate subacromial crepitus. Moderate subacromi; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has left shoulder pain with a history of left humerus fracture with repair. X-rays show the humeral head has flattened and glenoid is concave. We need to know the status of the rotator cuff to determine if shoulder replacement is an option. MR; 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.; 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 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.";	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 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 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.; "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 suffered 2 falls on her left shoulder causing shoulder pain. She has had conservative care including medications, physical therapy and steroid injections with no relief. She is not able to lift the arm over her head, not able to sleep at night d	1
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; severe pain; surgery 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt having MRI as well; 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	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	x-rays 11/05/2018 Thoracic compression deformities kyphosis sagittal imbalance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 2018; There has been treatment or conservative therapy.; Back pain; PT and OT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; severe pain; surgery 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	; 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 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	; This is a request for 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	; This is a request for 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
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 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	Negative horn blower sign. Mild pain with external rotation resistance. Range of motion is unchanged compared previous. No instability. Positive Spurling's test to the right.	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.; he has definitive weakness with a little bit of pain in the right shoulder external rotation. He has weakness of supraspinatus without pain on testing today.; The patient 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.; 08/01/2018; There has been treatment or conservative therapy.; Cervical spine pain radiating to upper extremities. Numbness and tingling. &#x0D; &#x0D; Lumbar spine pain radiating to lower extremities. Numbness and tingling.; Medication and 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

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	carpal tunnel syndrome. see if there is anything in neck causing problem; This is a request for 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	kayak injury in july and pt still experiencing It shoulder and arm pain . paraspinal muscle tenderness, limited ROM secondary to pain; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	neck pain with bilateral radiculopathy. history of previous fusion and questionable disc disease above fusion. Has failed conservative treatment, PT, NSAIDS, HEP and activity modifications. starting to highly affect her working status and ability to c; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck pain with bilateral radiculopathy that is worsening. history of cervical spine fusion with questionable disk disease above previous fusion. has failed conservative treatment of NSAIDS, PT, HEP; The patient 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	PATIENT HAS HAD QUITE A BIT OF CONSERVATIVE TX INCLUDING NSAIDS AND BRACING, CHANGE IN ACTIVITY BUT SHE IS STILL IN A LOT OF 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	Patient suffers with neck and back pain despite medication and physical therapy. She has a history of thoracic degenerative disc disease with disc protrusion T2-3 and T5-6. Now developing weakness and numbness in the 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.; 07/13/2016; There has been treatment or conservative therapy.; Severe pain in the neck and upper back region with radiculopathy to the chest and extremities. Pain and weakness in the bilateral arms as well as numbness. Multilevel thoracic degenerative disc disease with multiple small disc protrusions. Cervicalgia.; 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	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is a 52 years old RHD Male with RIGHT shoulder pain for 3 months after he slipped on tin and fell on October 18, 2018. Positive pain at night. Some occasional numbness and tingling. Patient points posteriorly as the area that is most painful. No previo; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is a 52 years old RHD Male with RIGHT shoulder pain for 3 months after he slipped on tin and fell on October 18, 2018. Positive pain at night. Some occasional numbness and tingling. Patient points posteriorly as the area that is most painful. No previo; The patient 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	restricted range of motion on right side,tingling and burning on both shoulders right shoulder feel like hanging by thread; This is a request for 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	RUE radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Severe cervical pain with radiculopathy. Patient has numbness, tingling and weakness in the left arm. Range of motion is decreased. Positive Spurling sign. Positive Lhermitte sign. X-ray demonstrates degenerative disc disease at C5-6 and C6-7 with ca; 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 NOT had back pain for over 4 weeks.	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; C5-6-7 disc space decreased likely 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.; 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; Radiculopathy into right upper extremity. X-rays show a small loss of lordosis and posterior spurring at C5-C6, C6-C7. She has numbness in the 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
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; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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 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
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; No, the patient does not demonstrate neurological deficits.; &lt;Enter Additional Clinical Information&gt;	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; No, the patient does not demonstrate neurological deficits.; u/k	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This patient seems to be having cervical radiculopathy or some type of nerve pain originating on the left side of his body, possibly scalenus anticus syndrome. I am going to recommend an MRI of the cervical spine to start and ask Dr. Miedema to see and ev; This is a request for 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.; Left scapular shoulder, neck pain associated with numbness.	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; Severe neck and shoulder pain. Pain located anterior posterior shoulder with tenderness. Paresthesias from neck, down shoulder into back and fingers. Patient exhibits extreme pain to light touch throughout the shoulder girdle and neck. Patient has wea; Medication and joint injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unstable and continuously falls.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Radiculopathy. Tingling and numbness in hands and feet.; PT for 6 weeks. 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
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."; possible rotator cuff tear, patient fell in a rodeo, severe 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."; Rule out a labreal tear, or bankart lesion, partial rotator cuff tear. Slightly elevation of the humeral head, loss range of potion in the shoulder, pain when sleeping, feels like it will dislocate or come out of socket. Patient was in a bike accident and	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	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.; It is not known if the patient has completed and failed a course of conservative treatment.;	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.; Limited range of motion and negative x-rays, She lacks 30 degrees of extension and 10 degrees of abduction and 60 degrees forward flexion. With these findings I feel she has a rotator cuff tear but the only way to know how to proceed from here is to obta	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.;	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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.; patient has had 8 dislocations this year with 4 times it has subluxed. she has night time pain. bicep tenderness patient has been on antiinflammatories with no relief	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.; Unknown	3
Orthopedics	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.;"	1
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical MRI shows moderate facet arthropathy C2-3, C3-4, C4-5. Mild facet arthropathy C5-6. Calcific mass in the left upper quadrant noted on Thoracic xray, requesting CT abdomen to further assess this; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20/2017; There has been treatment or conservative therapy.; Severe aching, burning, dull throbbing pain that radiates from her back to her chest region and under the breast on the right side. Mild foraminal narrowing C6-7. Cervical degenerative disc disease. Thoracic degenerative disc disease. Calcific mass in; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2018; There has been treatment or conservative therapy.; Back pain in his thoracic an lumbar and hip and leg pain. muscles spasms; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient suffers with neck and back pain despite medication and physical therapy. She has a history of thoracic degenerative disc disease with disc protrusion T2-3 and T5-6. Now developing weakness and numbness in the 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.; 07/13/2016; There has been treatment or conservative therapy.; Severe pain in the neck and upper back region with radiculopathy to the chest and extremities. Pain and weakness in the bilateral arms as well as numbness. Multilevel thoracic degenerative disc disease with multiple small disc protrusions. Cervicalgia.; 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	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

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 extension in R lateral Lower extremity - p	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 down right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 plus years; There has been treatment or conservative therapy.; pain; physical therapy 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 2018; There has been treatment or conservative therapy.; Back pain; PT and OT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back and leg pain S/P hip replacement 03/18 hip pain radiating down to calf. R/O nerve root 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
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.; Will fax.	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.	14
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.; Daniel S King is a 35 years old male from Mountain Home, AR. This patient is seen today for their initial evaluation of right shoulder pain. In January this man developed shoulder pain as result of weight lifting accident. He initially went off of the	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.; failed a course of physical therapy and nsaid, continued pain and Dr suspects a 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.; GOT INTO A FIGHT WITH SECURITY GUARD FELL GROUND ON SHOULDER HAS FRACTURE BUT NEEDS TO BE EVALUATED FOR 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.; Gregory McCoy is a 51 years old male from Harriet, AR. This patient is seen today for their initial evaluation of right shoulder pain. Approximately 8 months ago this man began developing pain soreness in his right shoulder. This pain is persisted. 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 for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Known or suspected rotator cuff tear, plan for rotator cuff repair, subacromial decompression, debridement, and distal clavicle resection	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.; Mr. Cox is seen today following right shoulder arthroscopy which included skeptic rotator cuff repair and subacromial decompression on July 11. At this time we are 3.5 months from the procedure. The patient has been in physical therapy. The patient not	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 A POSSIBLE RIGHT LABRAL TEAR OF HIS SHOULDER.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CC: Lower back pain&#x0D; &#x0D; HPI: Theresa presents concerning her lower back. She reports pain about her mid to lower back that has been present for 2 months. Her pain began without injury. No history of chronic low back pain. She denies radiation of pain int; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; Theresa returns today for follow up on her low back pain. She has been using Voltaren Gel as needed but reports this is of no relief. She is having increased pain throughout the night. She reports that she is unable to rest secondary to this. She presents; Given her gastroparesis she is unable to take oral anti-inflammatories. A prescription for Voltaren gel will be given.&#x0D; &#x0D; Ultram	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Joyce is a 63-year-old black female who fell on her buttocks and right hip 2 years ago, and since that time she has had some intermittent pain in the right hip area. Blood pressure 145/91 (refer to PCP). X-rays of the lumbar spine show marked narrowing of; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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	lbp; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lbp; The patient does not have new signs or symptoms of 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	Muscle spasms feels catching when putting leg down. Pt has had hip surgery in the past.; 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	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2018; There has been treatment or conservative therapy.; Back pain in his thoracic an lumbar and hip and leg pain. muscles spasms; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73221 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 is a 47 years old RHD Female with RIGHT shoulder pain for 1 month. No specific injury. She points anteriorly as the area of most pain. No pain at night. Pt complains of numbness and tingling that radiates down the arm. No previous surgeries or problem	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 is a 50 years old RHD Male with RIGHT shoulder pain for 3 months. No specific injury. Pt complains of pain at night. No previous surgeries or problems with this shoulder. The pain is described as a sharp, achy pain that is intermittent and 7 out of 10	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 is a 52 years old RHD Male with LEFT shoulder pain after he fell at the lake in August. Pt points anteriorly as the area of most pain. Pt complains of pain at night. There is no associated numbness or tingling noted. The pain is described as an achy, c	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 is a 55 years old RHD Female with RIGHT shoulder pain since the middle of August. There was no specific injury noted. No pain at night. She points anteriorly as the area of most pain. She does complain of intermittent numbness and tingling in the whole	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 is a 62 years old RHD Female with RIGHT shoulder pain for several months. Pt reports the pain worsened after she passed out and fell down the stairs in March. No pain at night. No associated numbness and tingling. No previous surgeries or problems wit	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 is a 63 years old Male with LEFT shoulder pain and limited ROM for 1 month. There was no specific injury noted. Pt complains of pain at night. He states the pain is mostly anterior, but will radiate down his forearm to the hand. Pt denies numbness and	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 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.; suspected labral tear following collegiate football injury on 9/29/18. painful and limited range 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.; Swelling limited ROM weakness negative xray	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 injection, unable to walk; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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	patient is in great discomfort even after having physical therapy and NDAID 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.; September 2018; There has been treatment or conservative therapy.; Patient is having Bil knee pain along with lumbar pain to the point that she is unable to stand up or walk; Failed physical therapy; 6 weeks 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was given a corticosteroid injection of the subacromial space for diagnostic and therapeutic purpose.; 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	Pt is a 29 years old Female with RIGHT knee pain after she tripped in a hole while hiking 2 weeks ago. Pain is described as achy, throbbing pain that is constant 9/10 in severity pain. Pain is worse with weightbearing and bending and better with rest. 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt is unable to walk due to pain that radiates from his lower back down the back of his leg to his lower calf. Prednisone 5 mg 6 day dose pack was given - minimal relief. Dr Cooper ordering an MRI of lumbar region to see what may be causing this issue. P; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has 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	The patient is a right handed 57 year old female seen today for the low back. Pain is moderate with a rating of 6/10. She describes the symptoms as sharp, dull, stabbing, throbbing, aching, burning and shooting. The symptoms come and go. Since the onset, ; The study requested 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 weakness, giving way numbness and tingling radiate down the right leg to her right 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
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 an Abnormal x-ray indicating a significant abnormality	2

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracic and Lumbar limited range of motion. Numbness and tingling in the lower extremities. X-ray revealed facet degenerative changes at L5-S1 particularly on the left. Patient has had physical therapy and continues to have it currently. Started on Gab; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/29/2018; There has been treatment or conservative therapy.; Low back pain with radiating left leg pain, paresthesia. Thoracic pain with radiating pain in the left rib cage.; 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	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
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.; 2010; There has been treatment or conservative therapy.; low back pain, hip pain, pain in buttocks and left leg; medication, OTC 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays were taken today and show moderate DJD of the hips; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the uninvolved side.; The patient does not have new signs or symptoms of 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	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	Patient has mild degenerative anterolisthesis, L3-4 with mild spinal stenosis. Lateral listhesis, L4-5. Multilevel lumbar degenerative disc and facet disease in L3-S1. SI joint pain has currently been treated by steroid injections without any relief.; 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. The patient returns today for follow up. There has been no changes in the current symptoms. STATES THERAPY HAS NOT HELPED. At the last patient's visit she was still having pain and I recommended a MRI of Lumbar Spine & Pelvis. ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	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.; This is a 31 year old female who comes in for a chief complaint of shoulder pain, involving the right shoulder.&#x0D; This occurred in the context of 8/15/18. She has been seen and evaluated previously by primary care doctor and has&#x0D; been treated with physical	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.)."	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 is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; Right shoulder pain with positive Neer and Hawkins test. Tenderness over the AC joint subacromial region. Possible rotator cuff tear or impingement syndrome; The patient has not had a recent CT of the 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 is being ordered for known/suspected joint infection.; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Orthopedics	Approval	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.	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.; 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?	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The right upper extremity was evaluated. The skin is intact. No rashes or lesions. The patient does not have a scar or incision. The patient does not have cellulitis, ecchymosis, swelling, or a mass. The patient does not have scapular winging. The p; 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.	2
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient returns today for follow up. There has been no changes in the current symptoms. STATES THERAPY HAS NOT HELPED. At the last patient's visit she was still having pain and I recommended a MRI. This was denied by her insurance carrier. She has com; This study is being ordered for trauma or injury.; 09/21/2018; There has been treatment or conservative therapy.; Patient describes the symptoms as sharp, dull, stabbing, throbbing, aching, burning and shooting.; Oral medication and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 2010; There has been treatment or conservative therapy.; low back pain, hip pain, pain in buttocks and left leg; medication, OTC 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
Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 5 years ago; There has been treatment or conservative therapy.; Right ring finger contractual. stiffness and pain; Anti-inflammatory medications and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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	. She has a several Month history of worsening weakness and clumsiness and numbness in the bilateral arms. He the pretty diffuse she said. The typically she has noted some clumsiness in the hand and some fatigue and giving way of the hand when she has ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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	She comes back to us today because she has been told that is her Dupuytren's disease causing all her pain. She has a right ring finger slightly contracted position of the PIP joint. It is not from Dupuytren's disease. See if there is any type of surgical ; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; RSD/chronic pain, pain, swelling, dupuytren, finger contraction; NSAIDs, Hydrocodone, Gabapentin, dorsal column stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	We will get an MRI of her right hand and wrist with and without contrast to look at the synovitis as well as tenosynovitis, specifically.; This study is being ordered for Inflammatory/ Infectious Disease.; 9/10/2018; There has been treatment or conservative therapy.; Bilateral hand pain and symptoms consistent with a noninfectious flexor tenosynovitis. Hand swelling and tightness.; NSAIDs 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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; severe pain; surgery 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	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.; 8/14/2018; There has been treatment or conservative therapy.; ; IBUPROFEN&#x0D; CHIROPRACTIC CARE&#x0D; DEPO-MEDROL INJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Left arm - Active FF to 90 degrees. ER to 40 degrees. Weak ER strength. Mild crepitus with ROM. No supraspinatus or infraspinatus atrophy. Normal contour of the biceps bilaterally.; 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 still has chronic pain. Has been treated since 3/20/2018 by PCP; The patient received oral analgesics.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PLAN:&#x0D; Recommend MRI of the left knee and right shoulder in follow-up after these are completed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HPI: Jeremy presents today for his left knee and right shoulder. He reports he has been having pain for years that is progressively worsening. He reports subpatellar pain and pain covering the anterior aspect of his knee. His pain is constant and descri; There has been treatment or conservative therapy.; His knee pain is constant and described as achy in nature at rest and sharp with activity. He reports a sense of instability and popping with ambulation.&#x0D; Right Shoulder: &#x0D; Right shoulder is examined as well. He has positive physical exam findings of imp; Rest and Tramadol help to alleviate his pain. Wesley Ward, APRN referred him to me for further evaluation and 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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	RUE radiculopathy; 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	She comes back to us today because she has been told that is her Dupuytren's disease causing all her pain. She has a right ring finger slightly contracted position of the PIP joint. It is not from Dupuytren's disease. See if there is any type of surgical ; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; RSD/chronic pain, pain, swelling, dupuytren, finger contraction; NSAIDs, Hydrocodone, Gabapentin, dorsal column stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; "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
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.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
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	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2018; There has been treatment or conservative therapy. ; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; BOOT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 9/2/18; There has been treatment or conservative therapy.; Severe dull, aching pain. She has a popping sensation; 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	will fax; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Orthopedics	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; chronic pain in knees.; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/2/18; There has been treatment or conservative therapy.; SWELLING, PAIN WITH WALKING, LROM; INJECTION, BRACING, ACTIVITY MOD, 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/8/18; There has been treatment or conservative therapy.; SWELLING, BURNING PAIN; SPLINT, 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	M25.561 RIGHT KNEE PAIN AND M25.562 LEFT KNEE PAIN; 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	patient is in great discomfort even after having physical therapy and NDAID 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.; September 2018; There has been treatment or conservative therapy.; Patient is having Bil knee pain along with lumbar pain to the point that she is unable to stand up or walk; Failed physical therapy; 6 weeks 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	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.	25
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.	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 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
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.	15
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.	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 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.	5
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	Post excision of the condyles of the proximal phalanx of the R 4th toe. Plantar spurs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2018; There has been treatment or conservative therapy.; pain along the lateral border of the R foot extending into the dorsum of her second and third toes.; Post excision of the condyles of the proximal phalanx of the R 4th toe. Plantar spurs treated with 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
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	Pt is a 13 years old Female with RIGHT ankle pain for 3 weeks. There was no specific injury noted. She points over the anterior tib and EDL as the area of most pain. No associated numbness or tingling noted. Pt complains of the ankle occasionally popping.; 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 Knee MRI; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability	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.; This study is being ordered for 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 normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	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.; "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
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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	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	Unknown; This study is being ordered for Vascular Disease.; This 3-year-old male patient with a systemic vascular malformation, involving multiple bones of the lower extremities continues to have relatively normal growth, nearly equal leg lengths, and improved radiographic appearance of the long bones. His main c; It is not known if there has been any treatment or conservative therapy.; This 3-year-old male originally presented with GI bleeding. Subsequent evaluation revealed a systemic lymph a vascular abnormality with significant involvement of the skeleton. Original x-ray showed sclerotic changes throughout all the long bones in the; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Nov 2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type in Unknown If No Info Given &gt;; Hip injections, medications, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical MRI shows moderate facet arthropathy C2-3, C3-4, C4-5. Mild facet arthropathy C5-6. Calcific mass in the left upper quadrant noted on Thoracic xray, requesting CT abdomen to further assess this; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20/2017; There has been treatment or conservative therapy.; Severe aching, burning, dull throbbing pain that radiates from her back to her chest region and under the breast on the right side. Mild foraminal narrowing C6-7. Cervical degenerative disc disease. Thoracic degenerative disc disease. Calcific mass in; 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	74176 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
Orthopedics	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.; POSSIBLE RECTUS MUSCLE STRAIN. &#x0D; PT HAS HAD THE PAIN SINCE FEB 2018. SHE PLAYS VOLLEYBALL AND TRACK, SHE WAS RUNNING TRACK WHEN THIS STARTED	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	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
Osteopath	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "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 had an abdominal ultrasound, CT, or MR study.;" unknown; soft tissue thickening along the gallbladder wall suggestive of gallbladder polyps and adenomyometosis soft tissue thickening measures 11.4 mm in diameter	1
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		SXS HAVE WORSENEDESPITE TREATMENT.; 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



Other	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/18; There has not been any treatment or conservative therapy.; TROUBLE WITH SMALL ROTATIONAL MOVEMENTS, RIGHT EYE HAS SMALL CIRCULAR MOVEMENTS, HEAD BOBBING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/18; There has not been any treatment or conservative therapy.; TROUBLE WITH SMALL ROTATIONAL MOVEMENTS, RIGHT EYE HAS SMALL CIRCULAR MOVEMENTS, HEAD BOBBING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Other	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
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Neck and Back Pain - Pain to cervical spine as well as bilateral low back pain over the past 1 year. Pain intermittent. No injury recalled. Aching then sharp with aggravating movements. Worse with bending and twisting. There is associated numbness and tin; This is a 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
Other	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
Other	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
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		mri repeat to see changed; 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
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		right proximal tin fracture with right Osteochondritis Dissecans Talus due to trauma on 11/03/2018. physical therapy is contraindicated in this case.; This study is being ordered for trauma or injury.; 11/03/18; There has been treatment or conservative therapy.; Pain to right knee and right ankle secondary to trauma due to a ATV accident on 11/03/2018. Patient also complaining of instability to the right lower extremity and can not put any weight on that lower extremity.; change in activity level, bracing, immobilization, 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	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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		colon cancer with met to lymph nodes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	14
Orthopedics	Approval	73221 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.	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 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
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.	2
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		patient has a cyst on her bottom; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
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 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
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient has abdominal pain and a kidney stone. The radiologist recommended an MRI for further imaging.; 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
Other	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

Other	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
Other	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.	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; 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
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.; ; 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
Other	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 seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Other	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
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT CONTINUES TO HAVE INCREASING BACK PAIN THAT RADIATES DOWN LEFT LEG. HAS BEEN TREATED WITH SEVERAL MEDICATIONS, REST, AND CHANGE IN ACTIVITY LEVEL WITH NO IMPROVEMENT. CONSIDERING INJECTIONS VS SURGERY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has 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- NO IMPROVEMENT IN PAIN	1
Other	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
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI needed for epidural steroid injection.; This study is being ordered for trauma or injury.; 11/13/2018; There has been treatment or conservative therapy.; Chronic pain in lower back. Radiating to the extremities. Chronic pain in left shoulder. Unable to raise arm above head.; Patient has been taking pain medication and has also completed 6 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
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

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 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 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
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.	8
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.	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 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 is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; 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; 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	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Weak range of motion, patient failed all physical exams in doctor's office.; 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	73700 Computed tomography, lower extremity; without contrast material		need ct for planning of robot assisted knee replacement; 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		patient is scheduled for a Left UKA on 3.7.2019; 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		per-op testing to remove schwannoma tumor from lower leg and to recheck pelvis post 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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		Requesting CT scans prior to foot surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has been treatment or conservative therapy.; Severe bilateral foot pain with arthritis; Anti-inflammatory medication, home stretches, steroid joint 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
OTHER O/P DIAG TESTING	Approval	73720 Magnetic resonance (eg, proton) 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
OTHER O/P DIAG TESTING	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Otolaryngology	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
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"	37
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; tubes placed and AVR already; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	70480 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 a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is 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 a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material			5
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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
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	1
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	8
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	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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 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
Orthopedics	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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is 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 has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 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 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 being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 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		Clindamycin x 3 weeks. Patient has not had any improvement to her nasal symptoms since antibiotic treatment. She has also used nasal steroid and antihistamine for at least 4 weeks consistently.; 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		He has a lot of sinus drainage. He was given Levaquin and a steroid shot about 2.5 months ago per Dr. Chun in Hot Springs which helped his sinuses and ears some. He does not take any medications for sinus or allergies. He was allergy tested 15 years ago 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	Approval	70486 Computed tomography, maxillofacial area; without contrast material		History of present illness: Tracy D Hollis is a 43 y.o. female here for follow up. 43 yo female with history of chronic sinusitis.&#x0D; She has been having problems for a while now. &#x0D; She has been doing the nose rinses.&#x0D; She has been taking allergy pills.&#x0D; N; 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		Left clear rhinorrhea and left facial pain; "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
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 a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient 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 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 a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient 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.; 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.; 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 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	8
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 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
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	2
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	4
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	4

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 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.; 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	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		Total knee arthroplasty is scheduled on 3/7/2019 for the Right knee; 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	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			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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. ; 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; 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 has not had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Orthopedics	Approval	73720 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.; 9/2/18; There has been treatment or conservative therapy.; Severe dull, aching pain. She has a popping sensation; 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	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		injury to right foot while playing tag football, has pain with weight bearing, eval for lisfranc fx&#x0D; has tried meloxicam, rest, ice and a walking boot without relief; 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		Patent also has has over 6 weeks of conservative care to include: formal physical therapy program, home exercise program, orthopedics, NSAIDS, immobilization, non weight bearing, but the website would only let me choose one thing, Patient has been in pa; 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 orthotics 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		patient has lupus and has had chronic steroid use, MRI is to evaluate for synovitis and also to rule out avascular necrosis due to steroid use; 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		PT IN MVA OVER A YEAR AGO, STILL HAVING PROBLEMS WITH HIS LEFT LEG; This study is being ordered for trauma or injury.; 2017; There has been treatment or conservative therapy.; CHRONIC PAIN IN LEFT LEG AND DIFFICULTY WALKING; TIBIAL OSTEOTOMY; AND POSSIBLE KNEE REPLACEMENT; THIS PLAN WAS MADE BY OUTSIDE PHYSICIAN IN JANUARY 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1



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 38 year old male who comes in for a chief complaint of knee pain, involving the left knee. The knee pain is located all over the knee (diffuse). This occurred in the context of a gradual and insidious onset and 3-Wheeler Accident 9.25.95. The ; This is a request for a Knee MRI; This study is being ordered for 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
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		other chronic sinusitis; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		PT has had over one year, decreased taste and smell, treated for sinus infection. medications, espnolase antibiotics symptoms have worsened.; 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		she has chronic nasal congestion and facial pressure for over 4 months, there has been no improvement after 4 antibiotics; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		sinus infection face and yes painful, 5th one in 4 months, treated with antibiotic and steroids, multi otc, taken allergy shots, nothing seems to work; 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		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 post-operative evaluation.; 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	4
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	5
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); The time since onset is unknown; 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	43
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	13
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	11
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material			2

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		.Evaluate cough. She says she has had a cough for about 5 years and it has gotten worse. She does have hoarseness, reflux and heartburn. She takes Zantac 150 for reflux on a daily basis. She denies trouble swallowing liquids, pills and food but says ; 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		49 yo smoker with complaint of right neck mass in her throat. She has throat pain on this side for 1.5 months. Pain severe and radiates to her ear. Went to ED at SVI and CT performed concerning for malignancy - right tonsil. Also with some LAD, particular; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		EGD was notable for mild luminal narrowing in the cervical esophagus at the level of the upper esophageal sphincter.; 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
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		medullary carcinoma Options including total thyroidectomy with and without neck dissection were discussed with the patient. Normally a neck dissection would be done but given her history of coagulation or hypercoagulopathy disorder, it is possible that ; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Patient has large painful lump on neck; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine 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		Pt has lump noticed a year ago. Lump is increasing in size. Pt has sore throat all the time.; 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
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		right sided facial numbness, jaw pain; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/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		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
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	1
Otolaryngology	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 study is being ordered as 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		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
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	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 a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	4
Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	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.; Greater than 10 years; It is not known if there has been any treatment or conservative therapy.; pounding in her left ear. She describes it as a ballooning sound with her heart beat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.	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 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.	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 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.	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 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 not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; 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
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
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	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.; 03/29/2018; There has been treatment or conservative therapy.; Cheek mass enlargement; Pet scan Ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	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 not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.;" This patient does not have an abnormal ultrasound of the neck.	1
Otolaryngology	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 not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.;" This patient does not have an abnormal ultrasound of the neck.	1

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; tubes placed and AVR already; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 3 years ago; There has been treatment or conservative therapy.; Patient has CSS, headache , neck tightness, loss of balance , slurred speech.; 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
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 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
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.	5
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		abnormal smell, sometimes things will smell burnt She said she lost ability to smell and taste Chronic rhinitis with postnasal drainage Sinus CT, normal, no evidence of sinusitis at all Physical findings of deviated septum; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		aural fullness, muffled hearing, occasional dizzy episodes with vertigo and N/V; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		dizziness feels like she cannot focus feels like she has pins and needles in the back of her head She has scalp numbness and some burning sensation on the back of her hands and feet. She may have feeling like she is going to pass out. mild visual chang; 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

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 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.; Surgery is planned for within 30 days; The study is being ordered for a pre 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 foot MRI.; The study is being ordered for known dislocation.; The dislocation is NOT reducible.	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 known fracture.; The study is being ordered to evaluate a possible non union 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.; 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	73720 Magnetic resonance (eg, proton) 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.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited 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 a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	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 Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days	12
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.; This study is being ordered for None of the above; Instability	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.; This study is being ordered for None of the above; Swelling greater than 3 days	2
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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		HEARING LOSS COMPLAINT OF R-EAR - OVER PAST 2 TO 4 WEEKS. NO KNOWN CAUSE. TINNITUS FOR 4-5 YEARS. NO HX OF EAR SURGERY; This request is for a Brain MRI; The study is NOT 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		Include IAC for bilateral profound sensorineural hearing loss; This study is being ordered for Inflammatory/ Infectious Disease.; Include IAC for bilateral profound sensorineural hearing loss; It is not known if there has been any treatment or conservative therapy.; Include IAC for bilateral profound sensorineural hearing 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Rule Out Tumor, Sense of smell and taste.; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient has noted a significant increase in tinnitus in the left ear. She was seen in Little Rock by an otologist and was noted to have eustachian tube dysfunction secondary to barotrauma. A small temporary perforation was made. This did improve he; 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 is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	46

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.	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 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
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.	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 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.; 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
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.	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.; 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.	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.; This study is being ordered for a tumor.	2
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		49 yo smoker with complaint of right neck mass in her throat. She has throat pain on this side for 1.5 months. Pain severe and radiates to her ear. Went to ED at SVI and CT performed concerning for malignancy - right tonsil. Also with some LAD, particular; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		epiglottic lesion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		'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	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	71250 Computed tomography, thorax; without contrast material		pulmonary nodule on ct chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		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
Otolaryngology	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)		; Is this a request for one of the following? MR Angiogram lower extremity	1

Otolaryngology	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
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		Pulmonary changes on chest x-ray requiring further evaluation. &#x0D; 10/30/18 Biopsy proven solid tumor malignancy of larynx.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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)	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.; 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
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	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	sinus infections The patient is a 32 year old female with a history of chronic sinusitis that is typically worse in fall and spring. Patient has been treated with Amoxicillin and Zpack which helps briefly. She has had fluid in ear noted at time of sinus i; This study is being ordered for Inflammatory/ Infectious Disease.; Patient reports right otic fullness, right facial and nasal pain/pressure and feeling of swelling and tenderness in right lymph nodes currently. She also has pressure and pain to right side of head and behind ear. Patient has no known cervical spine disea; There has been treatment or conservative therapy.; sinus infections The patient is a 32 year old female with a history of chronic sinusitis that is typically worse in fall and spring. Patient has been treated with Amoxicillin and Zpack which helps briefly. She has had fluid in ear noted at time of sinus i; Patient reports right otic fullness, right facial and nasal pain/pressure and feeling of swelling and tenderness in right lymph nodes currently. She also has pressure and pain to right side of head and behind ear. Patient has no known cervical spine disea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 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
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 new onset of a headache within the past 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	"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
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	hearing loss, suspected 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
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	pain; 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	Chronic sinusitis ABX oral steroids allergies R/O polps; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	comes in for a chief complaint of sinus problems noticed in both sides of the head, between the eyes, both sides of the nose, both sides of the face, and both sides of the brow. She has sinus problems that are chronic and recurrent. She has sinus problems; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as 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	Positive for congestion, ear pain, facial swelling, hearing loss, postnasal drip, rhinorrhea, sinus pressure, sneezing and tinnitus; She has been treated Azithromycin, Cephalexin, and Flonase which has not helped.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	sinus infections The patient is a 32 year old female with a history of chronic sinusitis that is typically worse in fall and spring. Patient has been treated with Amoxicillin and Zpack which helps briefly. She has had fluid in ear noted at time of sinus i; This study is being ordered for Inflammatory/ Infectious Disease.; Patient reports right otic fullness, right facial and nasal pain/pressure and feeling of swelling and tenderness in right lymph nodes currently. She also has pressure and pain to right side of head and behind ear. Patient has no known cervical spine disea; There has been treatment or conservative therapy.; sinus infections The patient is a 32 year old female with a history of chronic sinusitis that is typically worse in fall and spring. Patient has been treated with Amoxicillin and Zpack which helps briefly. She has had fluid in ear noted at time of sinus i; Patient reports right otic fullness, right facial and nasal pain/pressure and feeling of swelling and tenderness in right lymph nodes currently. She also has pressure and pain to right side of head and behind ear. Patient has no known cervical spine disea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 osteomyelitis.; 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	16
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 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	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	59
Otolaryngology	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.; 11/1/18; There has been treatment or conservative therapy.; Pain over mastoids; 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
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	We discussed the ct performed on 10/31 and reviewed the images with the patient and the allergy results she will begin levaquin and prednisone and will have post treatment ct sinuses and rtc on 12/6/2018 to discuss results; 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	will finish the augmentin, cont w mucinex and bactroban washes.; This study is 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 been treatment or conservative therapy.; headaches w foul mucus, wheezing, sob , amoxicillin refilled again along w mucinex; When sinus issues started in May was given steroid shot and abx's. helped but reflared after completed the levaquin. &#x0D; Was given Amoxicillin and taking mucinex. &#x0D; She is also to continue the bactroban ointment 4 times a 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
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS A POSTAURICULAR CYSTIC 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
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	submandibular mass The patient is a 40 year old male with swelling in right submandibular area that he noticed sometime in May 2018 after shaving his beard. He had beard for 3 years. Patient was an occasional pipe smoker in the past but has not had signi; 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	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&#x0D; Enter answer here - or Type in Unknown If No Info Given. &#x0D; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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.; 03/29/2018; There has been treatment or conservative therapy.; Cheek mass enlargement; Pet scan Ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	hearing loss, suspected 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
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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	will fax; 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	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
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.; 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
Otolaryngology	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
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will finish the augmentin, cont w mucinex and bactroban washes.; This study is 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 been treatment or conservative therapy.; headaches w foul mucus, wheezing, sob , amoxicillin refilled again along w mucinex; When sinus issues started in May was given steroid shot and abx's. helped but reflared after completed the levaquin. &#x0D; Was given Amoxicillin and taking mucinex. &#x0D; She is also to continue the bactroban ointment 4 times a 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

Otolaryngology	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; 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.; Pt had another seizure and this time fell and hit his head. He states the neck pain and headaches became much worse after that.	1
Pediatric Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Disease evaluation and ontreatment; 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
Pediatrics	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
Pediatrics	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.	2
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 unknown.; 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.; 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
Pediatrics	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
Pediatrics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Pediatrics	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		unknown; This study is being ordered for Congenital Anomaly.; 7 years ago; There has been treatment or conservative therapy.; unknown; mediation, past surgery 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			2
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		headache for 5 mos; This 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		I had the pleasure of seeing Mr. Reed and his wife today at my Neurosurgery Office in the Spine Center. Ricky is a 59 y.o. who comes to my office today with a complicated set of symptoms. He had a long standing history of gait difficulty and dexterity is; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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		None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	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.	5

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 due to trauma or injury.; There are new, intermittent symptoms or deficits 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 not been a previous Brain MRI completed.	7
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 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
Pediatrics	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 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
Pediatrics	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 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
Pediatrics	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
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		Germ cell 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
Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		Ped, neoplasm, abdominal mass, palpable (excluding liver or kidney); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		Nonrheumatic pulmonary valve disorders To assess right ventricular volume and function, pulmonary regurgitation quantification, branch pulmonary arteries, and quantify left to right shunt across the atrial septal defect; This is a request for an MR Angiogram of the chest or thorax	1
Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Follow up from surgery; This study is being ordered for Congenital Anomaly.; Unknown - had operation Sept 15th, this test will be follow-up; There has been treatment or conservative therapy.; none; Surgery to repair to take care of Chiari 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
Pediatrics	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; This child continues to have persistent torticollis and persistent neck stiffness with him attending physical therapy on a weekly basis. The Physical Therapist and Dr. Weed would like an MRI to see what is going on with Slater.; 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
Pediatrics	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
Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			2
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 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

Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Follow up from surgery; This study is being ordered for Congenital Anomaly.; Unknown - had operation Sept 15th, this test will be follow-up; There has been treatment or conservative therapy.; none; Surgery to repair to take care of Chiari 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
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		R/O tethered cord; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	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 does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	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 Neurological deficit(s)	3
Pediatrics	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
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 trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Pediatrics	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.	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			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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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, 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
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.; This study is being ordered for 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.; This study is being ordered for 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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	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 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
Pediatrics	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	2
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Ped, neoplasm, abdominal mass, palpable (excluding liver or kidney); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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

Pediatrics	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
Pediatrics	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
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.; It is not known if a pelvic exam was 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 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	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."; checking for liver lesions.	1
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		Cardiac MRI to assess the aorta; This study is being ordered for Congenital Anomaly.; 04/15/2015; There has been treatment or conservative therapy.; Marfan syndrome&#x0D; &#x0D; aortic root enlargement&#x0D; &#x0D; new onset headaches that have started about a year ago. He calls them migraine and they occur at a fairly regular interval of about once every 2 weeks. His headache is sometimes triggered by lack of caffeine; metoprolol&#x0D; &#x0D; losartan&#x0D; &#x0D; regular measurement of blood pressure at home and maintaining a log as well as taking other measures such as avoiding excessive salt, maintaining a healthy weight and engaging in moderate intensity aerobic 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
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		Surgical aortic valvotomy with excision of supraaortic&#x0D; fibrous ridge and Gore-Tex patch augmentation of the&#x0D; ascending aorta on October 21, 1986.&#x0D; &#x0D; Ross procedure on May 23, 1997; This study is being ordered for Congenital Anomaly.; Bicuspid aortic valve with aortic stenosis, status post repair; &#x0D; Systemic hypertension; &#x0D; Aortic insufficiency.; It is not known if there has been any treatment or conservative therapy.; Bicuspid aortic valve with aortic stenosis, status post repair; &#x0D; Systemic hypertension; &#x0D; Aortic insufficiency.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; congenital pulmonary valve stenosis, radiocardia, nephrolithiasis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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.; unknown; No, the examination is not for noninvasive coronary arterial mapping.	1
Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain , 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.; 03.01.2018; There has been treatment or conservative therapy.; Headache, Neck pain; Neck surgery four years ago Headache all the time Has a PT Headache moved to frontal area of head; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; Changing neurologic symptoms 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 a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3
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	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	1. recommend obtaining brain MRI with/without contrast and head MRA without contrast to rule out cerebral aneurysm.&#x0D; 2. Return in about 3 months (around 2/9/2019). I provided my card and contact information, and they can contact me in the future as needed; This study is being ordered for Vascular Disease.; 08/2006; There has been treatment or conservative therapy.; Benjamin Heinitz is a 14 y.o. 2 m.o. right hand dominant male with spells of unclear etiology. The differential includes complicated migraine with stroke-like aura versus epilepsy versus others. A few of the features of the spells do not sound consist; Ativan, clonazepam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	1. recommend obtaining brain MRI with/without contrast and head MRA without contrast to rule out cerebral aneurysm.&#x0D; 2. Return in about 3 months (around 2/9/2019). I provided my card and contact information, and they can contact me in the future as needed; This study is being ordered for Vascular Disease.; 08/2006; There has been treatment or conservative therapy.; Benjamin Heinitz is a 14 y.o. 2 m.o. right hand dominant male with spells of unclear etiology. The differential includes complicated migraine with stroke-like aura versus epilepsy versus others. A few of the features of the spells do not sound consist; Ativan, clonazepam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Pediatrics	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
Pediatrics	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	History of repair of coarctation of aorta &#x0D; Nonrheumatic aortic valve disorder; This study is being ordered for Congenital Anomaly.; Nonrheumatic aortic valve disorders&#x0D; To assess the aortic arch-history of coarctation repair; It is not known if there has been any treatment or conservative therapy.; She is a 46 y.o. female with a history of repaired coarctation of aorta and a 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
Pediatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	History of Present Illness:&#x0D; 1. Headache &#x0D; Onset: 1 Week. The problem has not changed. Locations affected include neck and frontal. Headache timing includes no pattern. Denies aggravating factors. Denies relieving factors. Associated symptoms inc; The patient does have neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to 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, &#x0D; Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Pediatrics	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.; 12/15/2016; There has been treatment or conservative therapy.; Pain radiating into leg&#x0D; Pain in lower and thoracic spine; Cyclobenzaprine 12/15/2016 and 07/19/2017&#x0D; &#x0D; Meloxicam 09/25/2018; 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
Pediatrics	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
Pediatrics	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	leg pain for about a year (9/25/17), ruling out bone tumor; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6
Pediatrics	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

Pediatrics	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 has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Pediatrics	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient has right lower quadrant pain; 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
Pediatrics	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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.. There are clinical findings or indications of Lymphadenopathy.; 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	study for underlying genetic syndroms; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
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; 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
Physical 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.	2
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; 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
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; There is no 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.; No, there is not a laboratory or x-ray evidence of Meningitis.; Yes, there is a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".	1
Physical 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; 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?	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.; 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?	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.; 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
Physical 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1
Physical 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Plastic 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.	1

Plastic 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.; 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
Plastic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			1
Plastic Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Plastic 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).	1
Plastic Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	THE PATIENT HAS HAD EMG/NCV STUDIES COMPLETED THAT CAME BACK NORMAL. SHE HAS NUMBNESS IN HER 3RD AND 4TH FINGERS THAT DR KELLY DOES NOT BELIEVE ARE RELATED AT THE WRIST. THERE ARE ALSO FINDINGS ON THE NERVE STUDIES QUESTIONING THE POSSIBILITY OF CERVICAL; "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
Plastic 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
Plastic Surgery	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 a pre-operative study for planned surgery.	1
Plastic Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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	2
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 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.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
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 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	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 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 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



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	1
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		"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.; patient having pain in both heels for over a year.; 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 not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; in 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.	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		History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his left foot for a week. Pt had a Jones fracture on June 30th, but he mentions that has healed now. RR of 16. Objective: 21 y/o Male. Alert, oriented, an; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
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		surgery would only be scheduled based on MRI results; 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.	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 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
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 not for pre-operative planning.; The patient does not have 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.; "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.	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 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
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 a known palpated mass.; Surgery is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
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 chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 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 chronic 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 immobilization for at least 6 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 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
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.	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 a history of new onset of severe pain in 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.; 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
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.	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 a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	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 a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	4
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		unknown; This is a request for a foot MRI.; The study is being ordered for chronic 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 anti-inflammatory medication for at least 6 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		UNKNOWN; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
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		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 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.;	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2018; There has been treatment or conservative therapy.; pain; injections , 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
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	lump on the bottom of the right heel. lump keeps getting larger over the past month. soft tissue mass is measuring 1.5cm by 1.5cm; 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
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	potential use in surgical planning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; It is not known if there has been any treatment or conservative therapy.; pain in foot and ankle area, collapsed arch in 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
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 a foot MRI.; This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; 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 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 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 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 not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; This is not for pre-operative planning.; 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.	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	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
Preventive 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
Preventive 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
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	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 an Abnormal x-ray indicating a significant abnormality unknown; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Preventive Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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
Preventive Medicine	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; 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

Preventive Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurological signs or symptoms.; There is weakness.; weakness with straight leg raise bilaterally; The patient does not have new signs or symptoms of 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
Pulmonary Medicine	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
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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	6
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 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
Pulmonary Medicine	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.; 06/2017; It is not known if there has been any treatment or conservative therapy.; Ground glass nodule&#x0D; Dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		Chest pain 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 beign 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		FOLLOW UP CT,&#x0D; TWO-VIEW CHEST INDICATION: History of shortness of breath and chest pain COMPARISON: No priors TECHNIQUE: PA and lateral views FINDINGS: The heart size is within normal limits. Right lower lobe superior nodule measures 5.6 mm. Perib; 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 on sarcoidosis; 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		FOLLOWUP SCAN FOR 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		Hx of nodule seen on CT 7 mos ago.&#x0D; COPD and active smoker of pk hx of 40; "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		IP stay (9/24/18-9/28/18) for CAP. CT Chest with RLL confluent airspace disease with possible occlusion of RLL and mildly enlarged right hilar lymph node. Treated with IV ABX, oxygen and bronchodilators PRN. Underwent Bronchoscopy for brushings and TBN; "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
Orthopedics	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 an orthopedist.; This study is being ordered for Post-operative Evaluation	15
Orthopedics	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 an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	722
Orthopedics	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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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.; IMPRESSION: &#x0D; 1. Partial-thickness anterior cruciate ligament tear. Correlate for &#x0D; instability. &#x0D; 2. Grade I medial collateral ligament sprain. &#x0D; 3. Complex tear of the posterior horn and body of the medial &#x0D; meniscus; This study is being ordered for 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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	14
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 not an orthopedist.; This study is being ordered for None of the above; 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.; 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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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 results of the plain films is not known.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization	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 from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Lungs: Respiratory effort: unlabored. Inspection: normal curve and chest wall expansion; no deformity, tenderness, or swelling; and tactile fremitus present and equal on both sides. Auscultation: breath sounds normal, no rhonchi, and rales / crackles, bila; 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		N/A; "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		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		'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	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	1
Pulmonary 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 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		'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	7
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	2
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	6

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Patient has a strong family history of lung cancer, is a tobacco abuser and has shortness of breath; 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		Patient was seen in our office yesterday we did a chest x-ray in our office which showed concern for pulmonary nodules she is a smoker and has been short of breathe more then normal with her history of smoking her x-ray shows some concern; "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		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
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	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		RENAL CELL CARCINOMA; 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		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	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		this is a 36 year old who has been treated for pulmonary abcess with a prolonged course of i.v. Meropenem. She had a previous CT that showed chest infiltrates and she does have sob and some chest pain. This is to follow up on the pulmonary abcess along wi; 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		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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This was an incidental finding this Patient was seen by her PCP for right lower quadrant pain and the PCP ordered a CT of Abdomen and Pelvis performed which happened to show a 5.5 cm pulmonary nodule along with multiple small noncalcified . She is having in; "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
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 for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion	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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Swelling 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.; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability	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 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.	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 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.	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 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 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.	15
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	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.	13
Pulmonary 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Sarcoidosis, which began months ago. Located on lungs, lymph nodes. Severity described as moderate and improving. Associated signs/symptoms include fatigue, DOE. She is currently taking prednisone 20 mg po daily. She is due for repeat imaging (CT chest/ab; This study is being ordered for Inflammatory/ Infectious Disease.; 07/01/2018; There has been treatment or conservative therapy.; nodules on lungs&#x0D; rash; breathing treatments&#x0D; oral steroids&#x0D; 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
Pulmonary 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	1
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		2
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		2
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	PT has had a biopsy, metabolic workup; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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; 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)	5
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)	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 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.	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 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; "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
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.	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 a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	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	unknown; This is a request for a foot MRI; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012/2013; There has been treatment or conservative therapy.; knee pain in both knees; oral NSAIDs, 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	2
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 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
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		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.; 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	copd; This study is being ordered for Inflammatory/ Infectious Disease.; 10/01/2018; There has been treatment or conservative therapy.; copd; respiratory therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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.	15
Pulmonary 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.	1
Pulmonary Medicine	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. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2018; There has not been any treatment or conservative therapy.; short of breath, dyspnea, required oxygen with any 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Bilateral hip pain with history 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	2
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		Laberal tear, hip pain, This is a requests for a hip MRI.; The study is not requested for any of the standard indications for Knee MRI; The request is not for hip pain.	1
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		patient is unable to tolerate therapy due to being unable ti walk patient is in a wheelchair at this time . patient has 4 screws in his hip; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1
Orthopedics	Approval	73721 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.	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.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	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 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 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
Pulmonary 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 (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
Pulmonary 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

Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	37 year old with sings and symptoms compatible with asthma&#x0D; still wheezing despite advair 500 twice a day, spiriva daily and albuterol prn&#x0D; has been on multiple rounds of steroids and er visits due to worsening sob ,cough and wheezing&#x0D; plan to asses aller; 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	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
Pulmonary 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 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
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	CT Chest/abd/pelvis for unintentional weight loss.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	ent Information&#x0D; Name: VICKIE SIMS&#x0D; DOB: 07/09/1957&#x0D; Acct #: 1564788&#x0D; ID: &#x0D; Home Phone: 870-741-9611&#x0D; Work Phone: &#x0D; Alt Phone: 870-391-1112&#x0D; Referring Provider Information&#x0D; Referring Provider: Mark Allen Moseley, MD&#x0D; NPI: 1740441005&#x0D; Facility Name: Medic; 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	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
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.; 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	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	7
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presented initially for evaluation of a lung nodule seen on CT of the chest. He had a navigational bronchoscopy 1/4/18 and thought to have chronic inflammation. Given his high risk of cancer he had a CT-guided biopsy on 1/10 which showed a 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
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	shortness of breath, wheezing, chest tightness, 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

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	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
Pulmonary Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pulmonary 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 a amylase or lipase lab test.; 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	Unknown; Limited or Follow up other than Sinus CT; Chest	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; 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
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 for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	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; Unknown if 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 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2017; it is not known if there has been any treatment or conservative therapy.; Ground glass nodule&#x0D; Dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	copd; This study is being ordered for Inflammatory/ Infectious Disease.; 10/01/2018; There has been treatment or conservative therapy.; copd; respiratory therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Patient is former smoker of 32 years who quit one year ago in 2017. Patient reports smoking 3+PPD. Patient c/o of productive cough, wheezing, chest tightness, and shortness of breath.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1
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		There are 2 exams are being ordered.; One of 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		There are 2 exams are being ordered.; One of 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	3

Radiation 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 Radiation Oncology	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	1
Radiation Oncology	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
Radiation Oncology	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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A biopsy has been completed to determine tumor tissue type.; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Malignant neoplasm of left ovary.; This 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has been previously treated with radiation therapy in 2016. He has not been seen in our office since 10/017/2017. Scan needed to check progress since radiation treatments.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; 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 small cell lung cancer, we need to check her frequent to make sure it doesn't mets to the brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is being seen for a followup visit. Scan requested to continue to monitor treated the treated area and make sure there are no other areas of concern.; This 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient is having a MRI brain scan performed for pre-op planning for stereotactic radiosurgery.; 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 there been a change in seizure pattern or a new seizure.; This is not a new patient.	1
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		surgery in 2004 and follow only with MRI's; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation 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 Radiation Oncology	1
Radiation Oncology	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 Radiation Oncology	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.	6
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.	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.	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 NOT being requested 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
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 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study 11/2/18 request date-was already done with outcome showing :1. Two new hemosiderin 3 mm foci both within the right parietal lobe likely representing cerebral microhemorrhages that fail to enhance possibly due to chronic hypertension.; 2. New 3; 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
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material			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	2
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	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	1
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Patient has a PET scan performed on 10/31/2018 that had abnormal results. Also need to do scans for follow up of lymph node issues.; 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		surgery in 2004 and follow only with MRI's; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	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		surgery in 2004 and follow only with MRI's; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	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		surgery in 2004 and follow only with MRI's; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	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 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

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	CERVICAL MASS; 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)	PATIENT RECEIVED 5 FRACTIONS OF HDR BRACHYTHERAPY. The patient is doing well since completion of treatment.&#x0D; -Recommend MRI pelvis (Wadley imaging in Texarkana). We will ask to have the disk sent to our facility for review.; 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)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	6
Radiation Oncology	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 Radiation Oncology	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.; 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
Radiation Oncology	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
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	4
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	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 were abnormal.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Anal Cancer. Evaluate for metastatic disease and radiation planning.; 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
Radiation 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 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.;" right retroperitoneal liposarcoma	1
Radiation 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.	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 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 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 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)	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 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)	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 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 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
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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or 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
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.; 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
Radiation Oncology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx&#x0D; &#x0D; &#x0D; Localized swelling, mass and lump, neck; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Disapproval	70490 Computed tomography, soft tissue neck; 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 Radiation Oncology	1
Radiation Oncology	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	1
Radiation Oncology	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 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.; 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.	35
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.	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.; 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.	13

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 not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 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.	13
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 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
Radiation Oncology	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 Radiation Oncology	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 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
Radiology	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
Radiology	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
Radiology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; 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
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		will fax; 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		; 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 an aneurysm.; This study is being ordered for neurological deficits.; This study is NOT being ordered as a 12 month annual follow up.	1
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	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



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; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed within the last 6 months.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.;" post right hepatectomy with recurrence in the liver remnant. The liver recurrence was treated with focal radio embolization. Overall he is doing well with no complaints. He denies decompensation in the form of jaundice, ascites, encephalopathy, or GI hemo	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 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
Orthopedics	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
Orthopedics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 is for a preoperative evaluation of a non cardiac surgery involving general anesthesia.; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	2
Orthopedics	Disapproval	70490 Computed tomography, soft tissue neck; 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 weeks ago; There has not been any treatment or conservative therapy.; mass on throat, pinned upon airway and affecting his ability to swallow; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Orthopedics	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
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	getting a CT scan without contrast just to evaluate for OPLL which would change our surgical approach. She has severe degenerative change at C3-4, 4-5 and 5-6, with spinal canal stenosis worse at the 4-5 level. Not really true myelopathic features but bi; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is no known condition of tumor, infection, or neurological deficits.; 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	Patient has had chronic neck pain primarily in her right occipitocervical region. She has had 2 separate rounds of physical therapy with no relief. CT of the Cervical spine is requested to better evaluate any bony abnormality at the occipital cervical j; 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/19/2017; There has been treatment or conservative therapy.; neck and arm pain, numbness, tingling., pt, 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
Orthopedics	Disapproval	72131 Computed tomography, lumbar 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.; 01/01/2012; There has been treatment or conservative therapy.; radiculopathy and pain; Physical Therapy; 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

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 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
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 has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	x-rays 11/05/2018 Thoracic compression deformities kyphosis sagittal imbalance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 plus years; There has been treatment or conservative therapy.; pain; physical therapy 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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
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.";	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 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 with hepatocellular carcinoma being treated for HCC and being evaluated for a liver transplant	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 not had an abdominal ultrasound, CT, or MR study.";	1
Radiology	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		questionable right breast mass; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	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.	5
Radiology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	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
Rheumatology	Approval	70450 Computed tomography, head or brain; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	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

Rheumatology	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 Congenital Anomaly.; 09/03/1997; There has been treatment or conservative therapy.; fatigue, weight loss, body aches and pain, shortness of breath , abdominal pain.; medication, injectable.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	I recommend an MRI of the cervical spine and an NCV/EMG of the Rt UE and pt return to clinic to discuss 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 weakness.; Pt is a 52 years old RHD Male with RIGHT shoulder pain for 3 months after he slipped on tin and fell on October 18, 2018. Positive pain at night. Some occasional numbness and tingling. Patient points posteriorly as the area that is most painful. No previo; The patient 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	PATIENT HAS HAD LONGSTANDING PAIN FOR SOME TIME, HAD HAD PAIN MEDS, CHANGE IN ACTIVITY, POSITIVE SPURLINGS, DEGENERATIVE CHANGES IN THE MICROACROVICULAR JOINT , TAKES NAPROXEN; 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.; SHE HAS HAD CHANGE IN ACTIVITY DUE TO DECREASED ROM, WHICH ALONG WITH THE PAIN INTERFERES WITH ALL HER DAILY ACTIVITIES	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PHYSICIAN WANTS TO FIND OUT IF RADIATING SYMPTOMS ARE RELATED TO HER 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 CHANGE IN ACTIVITY AND HOME EXERCISES FOR APPROXIMATELY TWO MONTHS. SHE CONTINUES TO HAVE RADIATING SYMPTOMS TO THE ARMS AND NECK AND BACK PAIN. SHE TAKES NSAIDS WITH NO RELIEVING FACTORS	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Please describe the weakness found by the doctor on examination. Document exam findings: This is a 60 year old female who comes in for a chief complaint of shoulder pain, involving the left shoulder. This occurred in the context of a gradual and insidious; This is a request for 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.; This is a 60 year old female who comes in for a chief complaint of shoulder pain, involving the left shoulder. This occurred in the context of a gradual and insidious onset. She has been seen and evaluated previously by primary care and doctor (Dr. Jeffrey); The patient 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
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 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
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	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		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.; mri to rule out impingement	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.; 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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		R/O:AS&#x0D; istory of Present Illness:&#x0D; 1. Polyarthopathy &#x0D; The symptoms are reported as being mild. The symptoms occur daily. He states the symptoms are chronic. pt was seen for joint pain most sig low back area.&#x0D; concern initially was AS but clinically no; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Rheumatology	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	7
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)	5
Rheumatology	Approval	72192 Computed tomography, pelvis; without contrast material		back and hip pain, abnormal SI joints shown on x-ray; 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
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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	problems with 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.; problems standing; The patient 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 has abnormal shoulder mri but need cervical spine to eval bc pt has not had any improvement despite conservative treatments.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; paraspinal muscle tenderness, RUE radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Recent X Ray shows There is mild spondylosis at each level of the lumbar spine&#x0D; with moderate-to-severe changes seen at L4-L5. These changes consist&#x0D; of disc space narrowing, eburnation and osteophyte formation&#x0D; Multilevel degenerative disc disease and f; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 left shoulder pain and scapula pain. She has numbness in the fingers which can be consistent with cervical spine issues. Acupuncture helps with the pain, and this tells us it could possibly be a nerve issue. She has previously had a herniated disc; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She has symptoms of a pinched nerve. She is unable to lift / pull/ push with her left arm. States pain feels like a knife, has pulsating pain at night, burning sensation that goes down her arm. She has pain with her arm bent. Pain in her scapula that radi; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She is unable to lift, pull, push with her left arm. It causes pain and unstable feeling. Unable to move her arm due to nerve type pain.Reaching overhead causes catching and popping sensation. Positive Apprehension exam and posterior joint line pain. She ; The patient 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 had several months of pain and weakness with failed conservative treatment, injections and therapy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient has bilateral upper extremity weakness when gripping, picking up 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

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 treatment for pain, numbness, tingling and weakness to the left upper extremity. I believe that the patients pain is coming from either her neck which may be caused by a bulging/herniated disc or her le; This is a request for 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 weakness to the left upper extremity. She has had several months of conservative treatment that has not helped. She has trouble picking up and holding objects with 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient states that a month ago he was in an accident. Since then he had posterior left shoulder pain. This pain seems to be worsening with time. The pain is moderate in intensity. Pain can radiate over the apical shoulder and into the arm. 2 weeks af; This study is being ordered for a neurological disorder.; ABOUT 1 YEAR; There has been treatment or conservative therapy.; weakness; instability; NSAIDS, REST, 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
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 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
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.	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 been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Orthopedics	Disapproval	72141 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; Patient injured her cervical spine when she fell and hit the top of her head against the garage wall on 09/26/2018. X-rays taken at that time reveal degenerative disc disease. Patient gets a shock down her left arm when she moves too quickly or sharp pain; 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 paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Lab results indicating inflammation; 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)		Positive ANA and arthralgia - MRI of pelvis with or without contrast to rule out sacroiliitis. X-ray of SI joints showed sclerosis. Patient also have inflammatory back pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; tenosynovitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

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		; This study is being ordered for Inflammatory/ Infectious Disease.; pt has confirmed RA and has worsening symptoms with elevated sed rate..; There has been treatment or conservative therapy.; ; pt has been on treatment for sometime..; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		; This study is 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.; diffuse joint ache and pain. painful to shake hands or grip objects during flare; prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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; 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
Orthopedics	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.; There is weakness.; limited range of motion with lateral bending or rotation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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 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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., Sept 2018; There has been treatment or conservative therapy.; Back pain; PT and OT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	primary osteoarthritis, chronic low back pain without relief, post physical therapy and occupational therapy; This study is being ordered for Inflammatory/ Infectious Disease.; 09/23/2016; There has been treatment or conservative therapy.; left flank pain and low back pain radiating to BLE; physical therapy and occupational therapy for vigorous muscle strengthening and stretching exercises, Naproxen- 375 mg po bid and acetaminophen 1000 mg po bid and consider beginning a SSRI or SNRI such as 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
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracic and Lumbar limited range of motion. Numbness and tingling in the lower extremities. X-ray revealed facet degenerative changes at L5-S1 particularly on the left. Patient has had physical therapy and continues to have it currently. Started on Gab; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/29/2018; There has been treatment or conservative therapy.; Low back pain with radiating left leg pain, paresthesia. Thoracic pain with radiating pain in the left rib cage.; 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
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		suspicious for CTS; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Pain, fingers locking; 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
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 not an orthopedist.; There is not a history of upper extremity trauma or injury.	4

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/11/18; 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
Rheumatology	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.; uhnknown; There has been treatment or conservative therapy.; diffuse joint ache and pain. painful to shake hands or grip objects during flare; prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	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.; 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).	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 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
Orthopedics	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.; 12/11/18; There has been treatment or conservative therapy.; low and upper bilateral back 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; chronic pain in knees.; 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	; 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; 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
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has 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	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

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.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion	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.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days	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.; This study is being ordered for 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.	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.; This study is being ordered for 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 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
Rheumatology	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
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.	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 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
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 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	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.; ; 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
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.; Kyphoscoliosis; The patient does not have new signs or symptoms of 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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	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.; 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	; 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 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.; 08/01/2018; There has been treatment or conservative therapy.; Cervical spine pain radiating to upper extremities. Numbness and tingling. &#x0D; &#x0D; Lumbar spine pain radiating to lower extremities. Numbness and tingling.; Medication and 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



Orthopedics	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 W/SCIATICA; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; 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	Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.&#x0D;&#x0D; Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.&#x0D;&#x0D; Gait and Station: Appearance: limp and ; This study is being ordered for a neurological disorder.; Duration: 1 years; continuous since onset; There has been treatment or conservative therapy.; Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.&#x0D;&#x0D; Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.&#x0D;&#x0D; Gait and Station: Appearance: limp and ; had an injection in the left hip by pcp a month ago and it 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
Rheumatology	Approval	74150 Computed tomography, abdomen; without contrast material		Had an ultrasound, found two kidney masses. Was recommended for a CT.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; 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
Rheumatology	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
Rheumatology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	memory issues, history of multiple falls, slurred speech; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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. &#x0D;&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D;&#x0D; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		1
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	POSSIBLITY FOR INJECTION; This study is being ordered for Inflammatory/ Infectious Disease.; 10/31/2018; There has been treatment or conservative therapy.; RADICULAR PAIN; NSAIDS, 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
Rheumatology	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
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.; The patient has acute or chronic back pain.; The patient has none of the above	1
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&#x0D;&#x0D; Enter answer here - or Type In Unknown If No Info Given. &#x0D;&#x0D; 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	MRI requested to rule out inflammatory arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 4/7/18; There has been treatment or conservative therapy.; joint pain, stiffness, and swelling, tiredness and fatigue, tenderness noted in bilateral DIPS. PIPs, MCPs; Cymbalta, Lyrica, ibuprofen, steroid, opioid 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Dr . Stewart ordered an MRI of the hip and saw mild degenerative changes small paralabral cyst in the left hip patient still have pain. Dr. Stewart recommend a second opinion after MRI is done.; 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	In terms of his low back and posterior pelvic pain he has not responded to medications, time and exercises. His symptoms have been ongoing for greater than 4 months and he desires to undergo MRI of his lumbar spine and pelvis.; This study is being ordered for trauma or injury.; January 2017; There has been treatment or conservative therapy.; sharp pain posterior bilateral hips. Pain continues when stands straight. The pain is always bilateral and occasionally radiates into the hamstrings. posterior bilateral hip pain.; physical therapy, cortisone injections, home exercise, IM Toradol/cortisone injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient that radiates into his left lateral thigh.&#x0D; The pain has been increasing. Use of NSAID therapy and Flexeril has not helped. Lumbar image shows loss of disc height and prominent osteophytes; 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 had a Lumbar CT done which showed radiolucency at the left L2 transverse that could represent a 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had multiple injuries to her knees, wrists, lumbar spine and cervical spine as a result of an accident some 2-1/2 to 3 weeks ago. She was seen in the emergency room at St. Vincent's Hospital where x-rays of all areas as well as CT scans were done ; 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 had multiple injuries to her knees, wrists, lumbar spine and cervical spine as a result of an accident some 2-1/2 to 3 weeks ago. She was seen in the emergency room at St. Vincent's Hospital where x-rays of all areas as well as CT scans were done ; 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	Patient has a history of fractures. exam shows long track signs including positive Hoffmann's and clonus. She has difficulty with balance. Incidental note made of spinomenigeal cyst at the sacral level. Thoracic x-ray revealed exaggerated thoracic ky; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/24/18; There has been treatment or conservative therapy.; Significant back pain with numbness and tingling. Post thoracic and cervical fractures. difficulty walking and with balance; Medication, home exercises, bracing 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
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	na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Joint pain and swelling 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
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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/22/2018; There has been treatment or conservative therapy.; Joint pain in hand and wrist, to r/o rheumatoid arthritis; Medication, prednisone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	unknown; This study is 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, 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

Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/6/18; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	family history of inflammatory arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain/swelling; 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
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Joint pain and swelling 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
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	needed to determine treatment options for patient; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, inflammation; use of 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
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	ruling out inflammatory component .; 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
Rheumatology	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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;;	1
Rheumatology	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 acute pain.	1
Rheumatology	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
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/11/18; 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
Rheumatology	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 a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	primary osteoarthritis, chronic low back pain without relief, post physical therapy and occupational therapy; This study is being ordered for Inflammatory/ Infectious Disease.; 09/23/2016; There has been treatment or conservative therapy.; left flank pain and low back pain radiating to BLE; physical therapy and occupational therapy for vigorous muscle strengthening and stretching exercises, Naproxen- 375 mg po bid and acetaminophen 1000 mg po bid and consider beginning a SSRI or SNRI such as 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

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient returns today for follow up. There has been no changes in the current symptoms. STATES THERAPY HAS NOT HELPED. At the last patient's visit she was still having pain and I recommended a MRI. This was denied by her insurance carrier. She has com; This study is being ordered for trauma or injury.; 09/21/2018; There has been treatment or conservative therapy.; Patient describes the symptoms as sharp, dull, stabbing, throbbing, aching, burning and shooting.; Oral medication and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	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.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Orthopedics	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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; patient has week reflexes and abnormal gait.	1
Orthopedics	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.; 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unstable and continuously falls.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Radiculopathy. Tingling and numbness in hands and feet.; PT for 6 weeks. 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
Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Sports Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/04/2018; There has been treatment or conservative therapy.; pain, swelling.; 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	Approval	72125 Computed tomography, cervical 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.; ; 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
Sports Medicine	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.; ; 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
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		m54.12; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; unable to do physical because their in too much pain, weakness, numbness; steroids, 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
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 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

Sports 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.	1
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		m54.12; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; unable to do physical because their in too much pain, weakness, numbness; steroids, 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Xray abn; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS: This is a 13-year-old female. She is a softball player and basketball player at her school. She says over the past few months, she has developed increasing left hip pain and low back pain. She denies any history of trauma. ; 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	In terms of his low back and posterior pelvic pain he has not responded to medications, time and exercises. His symptoms have been ongoing for greater than 4 months and he desires to undergo MRI of his lumbar spine and pelvis.; This study is being ordered for trauma or injury.; January 2017; There has been treatment or conservative therapy.; sharp pain posterior bilateral hips. Pain continues when stands straight. The pain is always bilateral and occasionally radiates into the hamstrings. posterior bilateral hip pain.; physical therapy, cortisone injections, home exercise, IM Toradol/cortisone injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Ms. Bailey returns. She is here again for her right hip she says that the injection did not help her near as much this time as it had in the past and she continues to have significant pain in that hip pain out laterally but also into the groin area some; 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	pt having lbp w bilat leg radiculopathy and bilat si joint pain. bony pelvis mri for bilat si joint pain; 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.; 12/11/18; There has been treatment or conservative therapy.; low and upper bilateral back 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
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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	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	PT IN MVA OVER A YEAR AGO, STILL HAVING PROBLEMS WITH HIS LEFT LEG; This study is being ordered for trauma or injury.; 2017; There has been treatment or conservative therapy.; CHRONIC PAIN IN LEFT LEG AND DIFFICULTY WALKING; TIBIAL OSTEOTOMY; AND POSSIBLE KNEE REPLACEMENT; THIS PLAN WAS MADE BY OUTSIDE PHYSICIAN IN JANUARY 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/8/18; There has been treatment or conservative therapy.; SWELLING, BURNING PAIN; SPLINT, 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.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Disapproval	73221 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
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 trauma or injury.; 5/17/18; There has been treatment or conservative therapy.; Bilateral Shoulder pain and dysfunction. not able to lift arms above head. Significant pain at night. Positive Neer and Jobe tests.; NSAIDs, Cortisone 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	2
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	injury to right shoulder 3 weeks ago, has used rest, ice and CSI wo relief. Need to r/o rotator cuff tear. pain radiates to the neck, aching, burning and sharp. xrays normal&#x0D; &#x0D; exam: ecchymosis right neg&#x0D; Hawkins positive, neers positive; 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
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Mr. Henson returns for followup of his chronic left-sided sciatica but also chronic left cervical radiculitis. He has had a little decreased range of motion of his left shoulder but in general has near full range of motion. He has been to 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.; 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
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Ms. Castro returns for followup of her left-sided sciatica. I initially saw her four months ago. She was given a Medrol Dosepak and Mobic. She was also sent to physical therapy. She has made no improvement at all., The study 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
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Ms. Norton returns for follow up of her right shoulder subacromial bursitis as well as chronic lumbar pain with possible right sided sciatica. Her lower back is only minimally better after going to physical therapy for a month and taking her anti-inflamm; 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
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Ms. Salazar returns for followup of her chronic right-sided sciatica. She has now had a total of four LESIs. She missed her last injection. She continues to complain of significant pain in the right lower back and leg with numbness in her leg. She states ; 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
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 have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	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 6 weeks of completed conservative care in the past 3 months or had a spine injection	15
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/04/2018; There has been treatment or conservative therapy.; pain, swelling, 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

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI was recommend for both shoulders for further evaluation for suspected labral tears due to subluxation of the joints; This study is being ordered for trauma or injury.; 10/01/2016 was the onset date she has the sensation that her shoulder is popping out of place. it has know become a constan pain. Patient has had Physical Therapy as well as working with a personal trainer with no improvements.; There has been treatment or conservative therapy.; continued pain in the bi lat shoulder and worse with movement; Physical therapy and personal trainer with her gymnastics team also tried ice, heat and over the counter anti-inflammatories with no improvements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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	there is a high probability that this patient has a labral tear but surgery has not been scheduled until MRI confirms tear location and severity; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	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; 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	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.; 4 years ago; There has not been any treatment or conservative therapy.; weakness, pain , limited range 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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	We will get an MRI of her right hand and wrist with and without contrast to look at the synovitis as well as tenosynovitis, specifically.; This study is being ordered for Inflammatory/ Infectious Disease.; 9/10/2018; There has been treatment or conservative therapy.; Bilateral hand pain and symptoms consistent with a noninfectious flexor tenosynovitis. Hand swelling and tightness.; NSAIDs 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
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	pt is schedule for R TKA 1/07/2019 he has OA of R knee.; 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	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.	4
Sports 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 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
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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	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 patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; This study is being ordered for 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, 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

Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Mays returns for follow-up of her chronic cervical pain with atypical cervical radiculitis. We last saw her 7/5. She has been to physical therapy numerous times. She has taken her medication and used her heat therapy but states she continues to be sig; 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
Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy-Lumbar&#x0D; Radiculopathy-Cervical&#x0D; Chronic Sciatica; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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; 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.; Ms. Chan is a 42 year old who presents with a six weeks history of cervical, left shoulder, and left arm pain, which has been quite intense. She has had a little tingling in her fingers. She denies a history of injury. She works in the parts department	1
Orthopedics	Disapproval	73700 Computed tomography, 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.; ; There has been treatment or conservative therapy.; Right hip and groin pain. She has a sensation of instability in the right hip. Sharp pain with weightbearing at 9/10. Pain exacerbated by activity and by lying on her side.; NSAIDS&#x0D; 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	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 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.; Bilateral peripheral neuropathy and tarsal tunnel per EMG; This is a request for a bilateral ankle 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	; 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
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.; 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	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.; ; 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
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	Bilateral knee pain. Dr Sidani ordered MRIS for diagnostic testing for tears.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; onset was over several years . Most recently saw her primary care doctor on 10/16/18 for bilateral knee pain. xrays were taken on 10/23/2018 and she was sent to Dr Sidani orthopedic surgeon. xrays show right sided medial joint space compartment narrowing ; There has been treatment or conservative therapy.; bilateral knee pain with crepitation that has been ongoing from 2013. getting worse with walking, running, going up and down stairs. Feeling of instability per patient in both knees. Patient can hear popping of knees when moving.; physical therapy for over 8 weeks, home exercise program for over 12 weeks, oral steroids, pain medicine, NSAIDS,( Aleve), and change in activity level all beginning on 11/11/2013 have failed to provide any relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He is mildly tender in the mid and left lower back. He can bend to touch just below his knees. He cannot walk on his toes and his heels due to his left leg pain. He has normal sensation to touch in the lower extremities. He has good muscle strength 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
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy-Lumbar&#x0D; Radiculopathy-Cervical&#x0D; Chronic Sciatica; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1



Surgery	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	2
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type in Unknown if No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		none; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		r/o underlying mass on L side 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.; 10/15/2018; There has not been any treatment or conservative therapy.; Pain L neck chest and arm, chest pain on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	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.	1
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Surg/Onc Assessment:&#x0D; stable after surgery and concurrent treatment&#x0D; looks great&#x0D; a bit more trouble swallowing&#x0D; &#x0D; Surg/Onc Plan:&#x0D; Speech today&#x0D; RTC 6 weeks&#x0D; CT neck and chest on RTC; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Tonsil 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		Unknown.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; 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
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	FOCUSED EXAM: Left Foot Exam:&#x0D; Gait:&#x0D; Normal&#x0D; Skin:&#x0D; Intact, no dystrophic changes&#x0D; Swelling:&#x0D; None&#x0D; Palpation:&#x0D; Tenderness over the dorsum of the midfoot; foot warm to palpation&#x0D; Deformity:&#x0D; Hindfoot alignment within normal limits bilaterally&#x0D; ROM:&#x0D; Fu; 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	patient needs an MRI to rule out underlying osteomyelitis. chronic R ankle wound for the past year; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	PT IN MVA OVER A YEAR AGO, STILL HAVING PROBLEMS WITH HIS LEFT LEG; This study is being ordered for trauma or injury.; 2017; There has been treatment or conservative therapy.; CHRONIC PAIN IN LEFT LEG AND DIFFICULTY WALKING; TIBIAL OSTEOTOMY; AND POSSIBLE KNEE REPLACEMENT; THIS PLAN WAS MADE BY OUTSIDE PHYSICIAN IN JANUARY 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	R/O ANY POSSIBLE LIGAMENT INJURIES. PT HAS A H/O LEFT ANKLE FRACTURE. HE IS HAVING SWELLING AND PAIN IN THE ANKLE. X-RAY WAS DONE AND SHOWED NO NEW FRACTURES.; 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 Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited 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 a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.	1

Orthopedics	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 a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		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
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 trauma or injury.; 10/05/18; There has been treatment or conservative therapy.; anxiety, numbness, tingling, c spine pain; medication 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
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.	1
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.	4
Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	2
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.	1
Surgery	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
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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		CT showed multiple masses in the liver. Imaging shows multiple hypoaattenuating lesions in the liver with small amount of hemorrhage. IR did angio and coiled segments 5 and 8.; 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		Evaluate metastic disease, and resectability.; 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		Patient is having a sizable mass on back 6 centimeters and painful received ultrasound advised to get ct; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Patient presents with localized lymph node enlargement of the right axilla with associated acute onset of numbness and weakness of the right upper extremity. Requesting CT scan to rule out thoracic outlet syndrome.; "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
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	3
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		R/O metastasis.; 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		Surg/Onc Assessment:&#x0D; stable after surgery and concurrent treatment&#x0D; looks great&#x0D; a bit more trouble swallowing&#x0D; &#x0D; Surg/Onc Plan:&#x0D; Speech today&#x0D; RTC 6 weeks&#x0D; CT neck and chest on RTC; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		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	2
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		unknown; This study is being ordered for trauma or injury.; 10/2/2018; There has been treatment or conservative therapy.; Patient was struck by a car. Hypotensive, low blood pressure, external evidence of trauma, abrasion on the left breast, luq positive, AP compression of iliac press stable tender.; 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	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 10/16/2018; There has been treatment or conservative therapy.; abdominal Pain, chest pain, chest pressure, abdominal tenderness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Hx of high imperforate anus w/ rectal postatic urethral fistula; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Disapproval	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.	6
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 used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	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 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.&#x0D;&#x0D; Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.&#x0D;&#x0D; Gait and Station: Appearance: limp and ; This study is being ordered for a neurological disorder.; Duration: 1 years; continuous since onset; There has been treatment or conservative therapy.; Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.&#x0D;&#x0D; Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.&#x0D;&#x0D; Gait and Station: Appearance: limp and ; had an injection in the left hip by pcp a month ago and it 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
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	In terms of his low back and posterior pelvic pain he has not responded to medications, time and exercises. His symptoms have been ongoing for greater than 4 months and he desires to undergo MRI of his lumbar spine and pelvis.; This study is being ordered for trauma or injury.; January 2017; There has been treatment or conservative therapy.; sharp pain posterior bilateral hips. Pain continues when stands straight. The pain is always bilateral and occasionally radiates into the hamstrings. posterior bilateral hip pain.; physical therapy, cortisone injections, home exercise, IM Toradol/cortisone injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2

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	2
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Acute perforated appendicitis; 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		Bulge lymphnodes R/O 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		History of Present Illness: This is a 56 year old who underwent bilateral laparoscopic repairs of bilateral inguinal hernias in Conway. Shortly after surgery he noticed that the right side is still protruding and it has gotten a little bit larger since th; 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		pain in the groin area.; 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		Patient with possible Incisional Hernia. Need a CT to confirm for 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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		Pt had a (L) inguinal hernia repair 3/31/16.Pt is experiencing pain along the inguinal floor and there seems to be some eventration, but not a true hernia. Pain is worse with Valsalva. Left inguinal pain, remote. After surgery. Differential would include; 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		This mass overlying the sacrum is of uncertain etiology. It would be extremely atypical for this to represent pilonidal disease. There are currently no signs of infection so I think she can come off her antibiotics; 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
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 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	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.; There is no radiation. The pain is aching, dull, sharp, throbbing and stabbing. The pain is aggravated by bending, lifting, movement and pushing. The pain is relieved by heat, ice, OTC medicines (ibuprofen) and rest. Associated symptoms include diffic	1
Orthopedics	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
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 Neurological deficit(s)	1
Osteopath	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Headaches are waking pt up from sleep; 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
Osteopath	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
Other	Approval	70450 Computed tomography, head or brain; without contrast material		Patient fell on Coumadin; 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

Other	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
Other	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
Other	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
Other	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	1
Other	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
Other	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
Other	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
Other	Approval	71250 Computed tomography, thorax; without contrast material		colon cancer with met to lymph nodes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	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; No, the patient does not demonstrate neurological deficits.; It is not known if 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; 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?	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		abnormal xray lumbar spine performed 6/8/18- showing multi level degenerative disc disease; facet arthropathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient has been followed by rheumatologist for greater than 2 months. rheumatologist initiated home exercise program and patient has been compliant with performing exercises such as - abdominal core strengthening and stretching.	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	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.; 09/06/2018; There has not been any treatment or conservative therapy.; severe right lower quadrant abdominal pain. The pain is so severe that it is difficult for her to work. It is a 4 on a scale of 1-10, but it is often a 10/10 for pain. The pain is sharp and burning and feels like somebody is stabbing her. It does not ra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	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		Continued pain with conservative treatment; This study is being ordered for trauma or injury.; 7/1/2018; There has been treatment or conservative therapy.; Pain and swelling.; She's tried a trial of wrist cock-up splint and rest for 1 month along with 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
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		Patient has lupus; This study is being ordered for Inflammatory/ Infectious Disease.; 11/19/2018; There has been treatment or conservative therapy.; Left ulnar-sided hand and wrist pain. She also has a weaker grip and weaker hand function because of pain.; NSAIDs 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	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.	7
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.	3
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 an orthopedist.	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 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
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	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 an Abnormal x-ray indicating a significant abnormality	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 Neurological deficit(s)	1
Other	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
Other	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
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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion	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 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	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
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 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
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	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
Surgery	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 Leg CT.; 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 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
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 has not quit smoking.	1
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	patients pupils became unequal; 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
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	She has chronic daily headaches. Previous OD attempt with topamax. Started depakote for headache prophylaxis but she has not seen any improvement. Will taper off. Has neurology appt in Feb.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Other	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
Other	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.	2

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; 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
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal cervical xray showing - degenerative disc disease, loss of disc space, anterior subluxation of C3/C4 @ 2mm and C4/C5 @ 3mm. patient is experiencing cervical radiculopathy with numbness and tingling in bilateral upper extremities.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was 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
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	continued pain after all 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.; neck 11-2017&#x0D; lumbar 9-2018; There has been treatment or conservative therapy.; neck pain&#x0D; low back pain with left side sciatica; home exercise, NSAIDs, physical therapy, heat, ice, 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
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/19/2018; 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
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/19/2018; 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
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	continued pain after all 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.; neck 11-2017&#x0D; lumbar 9-2018; There has been treatment or conservative therapy.; neck pain&#x0D; low back pain with left side sciatica; home exercise, NSAIDs, physical therapy, heat, ice, 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
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI needed for epidural steroid injection.; This study is being ordered for trauma or injury.; 11/13/2018; There has been treatment or conservative therapy.; Chronic pain in lower back. Radiating to the extremities. Chronic pain in left shoulder. Unable to raise arm above head.; Patient has been taking pain medication and has also completed 6 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
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 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



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 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
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 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 hip pain is due to a mass.; The request is for hip pain.	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2018; There has been treatment or conservative therapy ; Pain; Ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	2
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	2
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.; 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
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	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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		; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	47 yo male presents to the clinic with complaints of abdominal pain and nausea consistent with known diverticulitis. He has been on po abx for 48 hours and reports little changes in his symptoms. I have recommended that he have a CT scan for further eva; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	Abscess of anal or rectal region; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material	PT HAS A POSTAURICULAR CYSTIC 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
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.; 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
Otolaryngology	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
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"	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 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 suspicion of neoplasm, or metastasis.ostct"	4
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"; "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 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 a history of serious head or skull, trauma or injury.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Md r/o possible bowel leak.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	patient is post op from a Recurrent ventral hernia repair. with severe abdominal pain.&#x0D; She has increased sensitivity on the lateral aspect of the scar. It is quite tender. It is in a skin fold with her extra-abdominal fat overlaps and this is where she 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 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		Patient needs repeat CT due to recurrent symptoms and to evaluate for recurrent diverticulitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a primary breast cancer confirmed by biopsy. We have planned to proceed with staging scans. Discussed surgical options with the pt including mastectomy vs. lumpectomy with postoperative breast radiation.; 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		The Pt has bilateral leg pain, visible varicose veins runs up to pelvic area. Pt ahs left leg swelling, bilateral venus ultrasound.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	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 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
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
Otolaryngology	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 a suspected cholesteatoma of the ear.; The patient 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.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1
Otolaryngology	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 has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	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	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 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	6
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	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 suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	3
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury; 3 years ago; There has been treatment or conservative therapy.; Patient has CSS, headache , neck tightness, loss of balance , slurred speech.; 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
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	3

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	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.; 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	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	3
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.; 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	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.; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3
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	2
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Because the pt is having numerous sinus problems for the last 4-6 months. She has been on more than 4 weeks of continuous medicines and with no improvement at all We also gave her more to take before she comes back in for her follow up appt.; 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		Chronic Sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Evaluate sinus. She says she has had 8-9 sinus infections in the last year and she has been treated with Amoxicillin, Prednisone, Z-Paks and Cefdinir. She has been on at least 4 consecutive weeks of Flonase and antihistamines. She complains of PPP, PND; 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		NASAL POLYPS AND ALLERGIC RHINITIS; 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		nasal septal deviation; 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 presents with chronic sinus complaints. Facial pain and pressure. Congestion with postnasal drainage. And some eye symptoms seeing spots. Sims I get flares into the migraines. Never had scans. No antibiotics. Does not recall trauma to the nose. Do; 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 had at least 3 sinus infections in the last 6 months, pt has used steroid nasal sprays and multiple antihistamines without relief, frequent congestion and stuffiness, ear and throat pain, excessive throat clearing, completed 4 weeks of antibiotics ; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as 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		recurrent sinus infections. Headaches and nasal congestions atleast 4 times per year.; 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
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.; 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		This is a request for an abdomen-pelvis CT combination.; This study is being 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		This is a request for an abdomen-pelvis CT combination.; This study is being 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
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	3
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 male.; A rectal 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		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 male.; A rectal 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		This is a request for an abdomen-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
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

Surgery	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
Surgery	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
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		CT showed multiple masses in the liver. Imaging shows multiple hypoattenuating lesions in the liver with small amount of hemorrhage. IR did angio and coiled segments 5 and 8.; 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)		multiple hypoattenuating lesions in the liver with small amount of hemorrhage.; 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."; HX of pancreatitis	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."; unknown	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."; WHEN THE PT WAS IN THE ER SHE HAD A CT ABD/PELVIC SHOWED APPENDICITIS/ IT ALSO SHOWED CYST-LOW DENSITY LESION IN THE LIVER AND RECOMMENDS FUTHER F/U WITH MRI OF LIVER.	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."; She presents today for evaluation of possible gallbladder disease. I have reviewed her recent diagnostic testing and discussed normal findings. She reports abdominal pain that is present to her lower abdomen and nausea and vomiting not associated with e	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.; Surgery is planned for within 30 days.	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."; 3.5 cm segment 8 lesion w/ imaging characteristics most consistent w/ a giant hemangioma.This was found on MRI Liver w/wo contrast on 11/13/17. Interval follow up in 6 mos is recommended. Small sesions in segments 6 and 7 which are pathognomonic for benign	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.; Elevated Gastrin levels	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.; Follow up after recent ERCP on 10/29/18 in Dallas TX. Stones in the pancreatic duct which were removed. Stent was replaced. Possible duct disruption that was identified at the time of procedure. Concern that the tail of the pancreas in its drainage system	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.; liver lesions	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	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 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		; 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		palpable lump by the doctor; 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
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		significant nasal obstruction deviated nasal septum chronic sinusitis history anosmia; 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		The current episode started more than 1 month ago. The problem occurs intermittently. The problem has been rapidly worsening. Associated symptoms include congestion, fatigue, headaches, a rash, a sore throat and swollen glands. Pertinent negatives include; 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 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	4
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	21
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	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.; 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		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	20
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	2
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
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).	4
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.; 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.	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 for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	4
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 suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	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)	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 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)	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 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)	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 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
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		treated for multiple sinus infections, antibiotics have not helped; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Visible pulup extending out of the left side of the nose; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		HISTORY OF PRESENT ILLNESS: 49 year old with complaint of one month of pain in right side of her throat/neck. She feels like it there all the time. She points to right level II in the neck and feels like something is there. She says pain radiates to the r; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in 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		Large mass; This is a request for neck soft tissue CT.; It is not known if 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
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		pt has mass in throat, sx for 3 months, need to know point of attachment; 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
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Right submandibular mass-this does not appear concerning on imaging or exam. We will follow with CT of neck in 3 months to evaluate for any changes; 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		rule out cancer, airway obstruction, dyschasia, chronic hoarseness; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		There is a large round mass involving most of the left posterior pharyngeal wall. This is round and smooth and looks benign, almost cystic. The vocal folds are smooth and move well. The posterior pharyngeal mass obstruction visualization of the left pirif; 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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Surgery	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)		Liver enzymes elevated. ordering MRCP to r/o bile duct stone. Abn US and RUQ pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1



Surgery	Disapproval	71250 Computed tomography, thorax; 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
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.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
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.; Another abnormality 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
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.; '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
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	shortness of breath; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
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.; MRI OF AXILLA DOES NOT SHOW MASS BUT SHE HAS ARM PAIN AND NUMBNESS AND SHOULDER PAIN; It is not known if there has been any treatment or conservative therapy.; SHOULDER PAIN, ARM 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
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in thoracic spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xrays L-spine shows large amount osteophytes c/w degenerative disk disease and fauce hypertrophy &#x0D; t-spine severe degenerative disc disease with large amount amount osteophyte; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/18; There has been treatment or conservative therapy; increased pain &#x0D; radiates down both legs; pain medication&#x0D; 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
Surgery	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; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xrays L-spine shows large amount osteophytes c/w degenerative disk disease and fauce hypertrophy &#x0D; t-spine severe degenerative disc disease with large amount amount osteophyte; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/18; There has been treatment or conservative therapy; increased pain &#x0D; radiates down both legs; pain medication&#x0D; 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
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in thoracic spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain w/radiculopathy; neuropathy in bi-lateral extremities; The study 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
Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	rectal bleeding, rectal pain; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
Surgery	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.	2

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	Attention to the flexor tendons of the thumb and index finger as well as the carpal tunnel.; This study is being ordered for Inflammatory/ Infectious Disease.; 5/15/2018; There has been treatment or conservative therapy.; Pain and numbness and tingling; NSAIDs and 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
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Attention to the flexor tendons of the thumb and index finger as well as the carpal tunnel.; This study is being ordered for Inflammatory/ Infectious Disease.; 5/15/2018; There has been treatment or conservative therapy.; Pain and numbness and tingling; NSAIDs and 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
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Loss of grip with left hand; pain and tenderness of left elbow; xray negative; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Surgery	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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination; 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
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 a 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.; 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
Otolaryngology	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	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 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	5
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	71
Otolaryngology	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.; Greater than 10 years; It is not known if there has been any treatment or conservative therapy.; pounding in her left ear. She describes it as a ballooning sound with her heart beat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
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.	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			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	3

Otolaryngology	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 a Face MRI; There is not a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		right ear hearing loss dealing with for several months seen by np 8/30/18 headaches hearing worse right ear rule out tumor mass on nerves; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Otolaryngology	Approval	70544 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	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	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		63 yo with complaint of loss of sense of smell and taste since March 2018. This all started after she had increase in BP and was started on lisinopril. She had severe coughing after the lisinopril was started and was taken off of it. But at the same 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; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Cindy Willis is a 54 y.o. female here for follow up. She recently had a sinus infection and was dizzy. The room was not spinning, she just felt off balance. She did have an ear infection at that time and it was the worse one she has ever had; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Dizziness R/O 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Headaches The patient is a 59 year old male kindly referred by Dr. Papillion. Patient reports bilateral mild constant frontal headaches and pressure that started about 4 months ago. He thought at one point it might be something in the apartment he had rec; This 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
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Sudden hearing lost /pain In right ear only, 1/8 metrical hearing lost right and left not equal, tinnitus in right ear only; 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
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 a 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.; 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
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.; 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.; 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
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	8
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 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
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
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.	6
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	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.; 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.	15
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 undergone treatment for multiple sclerosis.	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.; 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		Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known when the recent trauma or injury to the head occurred.	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material			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	1
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	2

Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		rule out cancer, airway obstruction, dyschasia, chronic hoarseness; 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
Otolaryngology	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
Otolaryngology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has noted a significant increase in tinnitus in the left ear. She was seen in Little Rock by an otologist and was noted to have eustachian tube dysfunction secondary to barotrauma. A small temporary perforation was made. This did improve her; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	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
Otolaryngology	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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	1
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 subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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			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 is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Cervical Cancer; This request is for the initial diagnosis of Cervical Cancer or for initial staging/treatment strategy; 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 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
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 patient is experiencing new signs or symptoms indicating a recurrence 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
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	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	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	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

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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/18; There has been treatment or conservative therapy.; Pain over mastoids; 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
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for 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	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	2
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	38 y.o. male with probably allergic rhinitis, recurrent acute sinusitis, and history of sinus surgery. He also has acute nasal vestibulitis on the right.; "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	Acquired nasal deformity, deviated nasal septum; 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	Ms Sandra Rena Dohmen is returning for complications with her sinuses. Pt states this has been an ongoing problem. Pt states she has taken Doxycycline x 10 days, Levaquin x2 weeks followed by ciprofloxacin x2 weeks. Patient reports 2 weeks in between ea; 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	pain; 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	Patient has had 5-6 sinus infections in the last year and tried and failed ZPaks, Amoxicillin, MDP and Rocephin Injections. She has been on at least 4 consecutive weeks of antihistamines and Nasocort.; 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	PT HAS HAD PROBLEMS WITH REPEATED RESPIRATORY INFECTIONS WITH MULTIPLE ANTIBIOTICS AND STEROIDS SINCE JULY 2018. ALSO HAS DYSPNEA AND COUGH, GURGLING COUGH WITH THICK MUCUS, YELLOW ANTERIOR NASAL MUCUS, SPORADIC CONGESTION. TAKES ALLEGRA, PROAIR, NASOCORT; 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	Pt states he has had problems with his sinus's for 6 months. Pt states he has been on levaquin 500 mg on 9/11/2018 for 14 days and has recently finished the prescription. Patient reports using nasal saline spray as well as nasal steroid spray. Pt states; 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	This is a jaw lesion, Need CT to Evaluate the lesion? Not sure what it is from...; "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	5
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.; 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

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	7
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 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
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 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
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	5
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 abnormal.; 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	11
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
Surgery	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	Inverted Nipple- mammogram and ultrasound performed; 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	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	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 Breast Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Surgery	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; 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."; It is not known if patient has acute pancreatitis.	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		'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
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 are being ordered.; One of 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	10
Surgical Oncology	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	2
Surgical Oncology	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.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		PET preformed on 11/13/18 recommended MRI for further evaluation; 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
Surgical Oncology	Approval	73200 Computed tomography, upper 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 Surgical Oncology	1
Surgical Oncology	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.	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	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
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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	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."	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 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
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 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.;" ANALYSIS / PLAN; 21 year old man with tubular cystic lesion between tail of pancreas and stomach, possible lymphatic malformation vs foregut duplication cyst.; I will review images with radiology but currently agree with prior recommendation. & Since it h	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.	2
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 known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
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 known breast lesions.; 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 patient has a history of breast cancer and a family history of breast cancer in mother and aunt.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		recent diagnosis of lung cancer, now with abnormal adrenal gland; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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; 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
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	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
Surgical 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	4
Surgical Oncology	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
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 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
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.	2
Thoracic Surgery	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
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		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
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt has SEVERE aortic stenosis testing required before TAVR pre op.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		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 Thoracic Surgery	1
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There is relative dilatation of the aortic root measuring 46 mm in&#x0D; maximal AP dimension. Ascending thoracic aorta is nonaneurysmal&#x0D; measuring 38 mm AP dimension. Ascending thoracic aorta is&#x0D; nonaneurysmal.; 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
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pt has SEVERE aortic stenosis testing required before TAVR pre op.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.	2
Thoracic 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
Thoracic 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
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 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

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a neurological disorder.; Patient reports diagnosed about 8to10 years ago. Previous provider deceased.; 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	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
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"	1
Unknown	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
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 suspicion of neoplasm, tumor or metastasis.fct"; 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	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	2
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		ANEMIA, WEIGHT LOSS, ABDOMINAL PAIN, WORSENING HORSENESS, DIARRHEA AND SIGNIFICANT FATIGUE; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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	8
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	9
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	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); 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	18
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 &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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	11
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary		1
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	epiglottic lesion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Pulmonary changes on chest x-ray requiring further evaluation. &#x0D; 10/30/18 Biopsy proven solid tumor malignancy of larynx.; 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 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		abnormal Brain MRI 11/15/18; This study is 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; There has been treatment or conservative therapy.; light headedness fainting and pass out headaches; 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
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.	2
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Regarding carotid disease: We will order a CT angiogram of the neck and head. Further decision based on report. Unclear whether the blurring of the right eye was indicative of a TIA or due to cataract. Appreciate note from optometrist, Mr. Renner suggest; This study is being ordered for a neurological disorder.; May 2018; There has been treatment or conservative therapy.; headache, blurring of vision of the right eye, sharp pain in the right side of her head.; She was subsequently seen by Mr. Renner, an optometrist, who mentioned that she has bilateral cataracts likely contributing to the blurring of vision. She is due to see Dr. Greer in January She has been off Coumadin for 5 days prior to her recent 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
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Follow up for Cerebral venogram and right sigmoid sinus stenting.; This study is being ordered for a neurological disorder.; January 2017; There has been treatment or conservative therapy.; Headaches, dizziness and nausea; Aspirin, Plavix, Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Unknown	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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Otolaryngology	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 suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; 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
Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Include IAC for bilateral profound sensorineural hearing loss; This study is being ordered for Inflammatory/ Infectious Disease.; Include IAC for bilateral profound sensorineural hearing loss; It is not known if there has been any treatment or conservative therapy.; Include IAC for bilateral profound sensorineural hearing 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
Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; 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
Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	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
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.; 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
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS HAD PROBLEMS WITH REPEATED RESPIRATORY INFECTIONS WITH MULTIPLE ANTIBIOTICS AND STEROIDS SINCE JULY 2018. ALSO HAS DYSPNEA AND COUGH, GURGLING COUGH WITH THICK MUCUS, YELLOW ANTERIOR NASAL MUCUS, SPORADIC CONGESTION. TAKES ALLEGRA, PROAIR, NASOCORT.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 5/2017; There has been treatment or conservative therapy.; NUMBNESS HAND, FOOT, CHEEK, LIP R SIDE. TIGHTNESS, UNEMPTY BLADDER, FALLS, FATIGUE; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 dizziness.; It is unknown why this study is being ordered.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Abnormal findings on 2017 suggestive of MS; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		headaches with right sided weakness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Ms. Espinoza presents with a diagnosis of altered mental status, unspecified. This was diagnosed 2 months ago. The course has been progressively worsening. It is of moderate intensity. She estimates that the frequency of symptoms is several times daily; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Mul Myeloma; 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		na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; na; It is not known if there has been any treatment or conservative therapy.; na; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
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
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has shortness of breath; 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
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pulmonary changes on chest x-ray requiring further evaluation. &#x0D; 10/30/18 Biopsy proven solid tumor malignancy of larynx.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Otolaryngology	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
Otolaryngology	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 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.; 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
Pediatric Hematology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Oncology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatric Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Disease evaluation and ontreatment; 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
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
Pediatric Oncology	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatric Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Disease evaluation and ontreatment; 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
Pediatric Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Disease evaluation and ontreatment; 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
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.	1
Pediatrics	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
Pediatrics	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
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 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
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	70547 Magnetic resonance angiography, neck; without contrast material(s)		unknown; This study is being ordered for Congenital Anomaly.; 7 years ago; There has been treatment or conservative therapy.; unknown; mediation, past surgery 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

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.	8
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.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The 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 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.	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 seizures; There has not been a previous Brain MRI completed.	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 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
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.	3
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		worst headache; 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
Unknown	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
Unknown	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	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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		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
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		dysphasia, r13.12; 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
Pediatrics	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 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 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	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	17
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		adrenal gland 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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Follow up on lung nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Germ cell neoplasm of right testicle (CMS/HCC; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 had Cough, Shortness of Breath X 4 months and getting worse he quit smoking 5 years ago. has COPD. This is a request for CT for Lung cancer screening; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or 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	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		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	2
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/12/2014; There has been treatment or conservative therapy.; ; bypass, vascular graft; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Cardiac MRI to assess the aorta; This study is being ordered for Congenital Anomaly.; 04/15/2015; There has been treatment or conservative therapy.; Marfan syndrome; aortic root enlargement; new onset headaches that have started about a year ago. He calls them migraine and they occur at a fairly regular interval of about once every 2 weeks. His headache is sometimes triggered by lack of caffeine; metoprolol; losartan; regular measurement of blood pressure at home and maintaining a log as well as taking other measures such as avoiding excessive salt, maintaining a healthy weight and engaging in moderate intensity aerobic 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
Pediatrics	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	unknown; This study is being ordered for Congenital Anomaly.; 7 years ago; There has been treatment or conservative therapy.; unknown; mediation, past surgery 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
Pediatrics	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), 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.; congenital pulmonary valve stenosis, radiocardia, nephrolithiasis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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; 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
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Being ordered to look for Tethered cord; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Follow up from surgery; This study is being ordered for Congenital Anomaly.; Unknown - had operation Sept 15th, this test will be follow-up; There has been treatment or conservative therapy.; none; Surgery to repair to take care of Chiari 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
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	3
Pediatrics	Approval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	unknown; This study is being ordered for Congenital Anomaly.; 7 years ago; There has been treatment or conservative therapy.; unknown; mediation, past surgery 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
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	. Ms. Light is a 58 y/o female with PMH of persistent AF, tachy-brady syndrome, and OSA noncompliant with CPAP. Referred by Dr Wong to discuss PVI for treatment of Afib. She c/o mild palpitation not with exertion, associated with weakness, relieved by ; 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 surgy 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	Patient has a C3 spinal tumor.; 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	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



Unknown	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.; 2/2018; There has been treatment or conservative therapy.; severe right arm pain ,stiffness and tightness bilaterally in neck, shoulder pain, ongoing parathesia c-6 c-7, distribution to the right, progressively worse over time, taken fentanyl patches, hydrocodone 4 pills a day, severe pain; epidural injections, physical therapy, taking 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
Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/18; There has been treatment or conservative therapy.; mbr has pain in low back MBR has Scoliosis right leg pain and drags toe on right Mbr did PT with no help; 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	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
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 an orthopedist.	3
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.	2
Pediatrics	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.	1
Pediatrics	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
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.; This study is being ordered for 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
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.; This study is being ordered for 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.	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.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for 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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days	2
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.	3
Pediatrics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		1
Pediatrics	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
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Germ cell 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

Pediatrics	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 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
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	1
Pediatrics	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.;" &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	1
Pediatrics	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		unknown; This study is being ordered for Congenital Anomaly.; 7 years ago; There has been treatment or conservative therapy.; unknown; mediation, past surgery 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
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		Cardiac mass&#x0D; unidentified structure seen on echo anterior or mitral valve (possibly contiguous with it) and left of aortic valve; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		History of repair of coarctation of aorta &#x0D; Nonrheumatic aortic valve disorder; This study is being ordered for Congenital Anomaly.; Nonrheumatic aortic valve disorders&#x0D; To assess the aortic arch-history of coarctation repair; It is not known if there has been any treatment or conservative therapy.; She is a 46 y.o. female with a history of repaired coarctation of aorta and a 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 5/2017; There has been treatment or conservative therapy.; NUMBNESS HAND, FOOT, CHEEK, LIP R SIDE. TIGHTNESS, UNEMPTY BLADDER, FALLS, FATIGUE; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 2/2018; There has been treatment or conservative therapy.; mbr pain and radiation to feet and right shoulder pain spine deformality; 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		evaluate for potential cord compression; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Myelopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		neck pain and upper extremity pain and numbness and lower back pain and concerns with pain in her bilateral legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2
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.	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 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.	10
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)		There is no "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; &Additional Clinical Information&; No, there is no Chronic Chest Pain.; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	2
Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Migraine; 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
Pediatrics	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
Pediatrics	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
Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	study for underlying genetic syndroms; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		1
Pediatrics	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.; 10-10-2017; There has been treatment or conservative therapy.; NUMBNESS AND TINGLING, PAIN; PT, STEROID PACKS, 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
Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain , 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.; 03.01.2018; There has been treatment or conservative therapy.; Headache, Neck pain; Neck surgery four years ago Headache all the time Has a PT Headache moved to frontal area of head; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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; 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
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 evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	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; 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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
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.; 5/2017; There has been treatment or conservative therapy.; NUMBNESS HAND, FOOT, CHEEK, LIP R SIDE. TIGHTNESS, UNEMPTY BLADDER, FALLS, FATIGUE; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	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

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		neck pain and upper extremity pain and numbness and lower back pain and concerns with pain in her bilateral legs; 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		Patient has a C3 spinal tumor.; 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	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		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
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-10-2017; There has been treatment or conservative therapy.; NUMBNESS AND TINGLING, PAIN; PT, STEROID PACKS, 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
Pediatrics	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.; 12/15/2016; There has been treatment or conservative therapy.; Pain radiating into leg&#x0D; Pain in lower and thoracic spine; Cyclobenzaprine 12/15/2016 and 07/19/2017&#x0D; &#x0D; Meloxicam 09/25/2018; 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
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Presistant Lower back pain, Unbearable at times. Back pain is always on the right and shooting pains jurts in her legs after activities especially her right leg. Patient is scheduled for PT.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.;	1
Pediatrics	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
Pediatrics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	leg pain for about a year (9/25/17), ruling out bone tumor; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	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.	5
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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
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.; 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
Unknown	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.; 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	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Multi level spondylosis found on x-ray, degenerative disease, and radiculopathy. MRI mainly being ordered because of patient's weakness in arm and leg.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/1/2018; There has been treatment or conservative therapy.; Tingling both hands, right hand is greater tingling, weakness in right hand and arm, and some weakness in right leg.; Medications, heat & ice, home exercises and currently doing 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Ongoing low back pain radiating to left hip and leg. Weakness in foot.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in left foot and decrease Achilles reflexes.; 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		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
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 female.; It is not known if a pelvic exam was 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	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	Nonrheumatic pulmonary valve disorders; To assess right ventricular volume and function, pulmonary regurgitation quantification, branch pulmonary arteries, and quantify left to right shunt across the atrial septal defect; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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; 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
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; The patient does not have 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
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.	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.; 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
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of severe neck pain that has gradually gotten worse over time. She states that she had an old MRI of the area but it has been several years ago.; 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.; The physician has not directed a home exercise program for at least 6 weeks.	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	4
Plastic Surgery	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
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; Surgery is not scheduled within the next 4 weeks.	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	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"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
Plastic Surgery	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
Plastic Surgery	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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; 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
Plastic Surgery	Disapproval	74150 Computed tomography, abdomen; 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
Podiatry	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
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	1
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 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
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		History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in her right foot for two and a half months. Pt mentions pain with weightbearing. She has tried immobilization and wearing a boot without much relief. RR of 16; It is not known if the patient has 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. none; 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
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		surgery would not be scheduled until MRI findings or results have been reviewed; 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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is 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 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.	10

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.	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.; The patient has completed 6 weeks of physical therapy?	16
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.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	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	43
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	7
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)	13
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Went ER Ozark on 9/10/18 they told her it was Sciatica causing pain. She has a hx of arthritis and osteoporosis. Has been having pain for a month. She had a CT of her back. She went to the ER at Ozark. She had a bulging disc. Pain in left knee, left h; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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
Unknown	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.	1
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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
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 joint or bone infection.	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		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
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 suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	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 suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		began having pain 4-5 wks ago while pitching w/ associated numbness and tingling. This is also present with range of motion. no improvement with rest, therapy, or nsaid. suspected UCL tear; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
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.;	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.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Prior dislocation injury in 2016 with no relief of symptoms since then despite home exercises and anti inflammatories	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.; 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

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.	2
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
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.	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.; "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.	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 a documented limitation of their range of motion.	10
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 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 has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; 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 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
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 not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Unknown	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
Unknown	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



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	"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.; Non healing diabetic foot ulcers on both feet.	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	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 not an orthopedist.; This study is being ordered for 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.; This study is being ordered for 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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; 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 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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Surgery is NOT being planned.	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 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
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.	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 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
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.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	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 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
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.	10

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 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 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; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		Doctor wants to look at Pt's adrenal gland, possible Addison's disease. R/o an adrenal adenoma.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		Pt with persistent abdominal pain x 2 months all labs and Ultrasound are negative; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	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
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.; 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
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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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 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
Unknown	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
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.	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.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	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		unknown; This study is being ordered for trauma or injury.; 10/09/2018; There has not been any treatment or conservative therapy.; pain and dysfunction, 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
Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2018; There has been treatment or conservative therapy.; pain; injections, 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
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 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.; because both ankles hurt; This is a request for a bilateral ankle 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	"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.; perineal tendon tear suspected in both ankles; This is a request for a bilateral ankle 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	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
Unknown	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
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 11/12/2014; There has been treatment or conservative therapy.; ; bypass, vascular graft; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 is a request for CT Angiography of the Abdomen and Pelvis.	1

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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		abscess with abdominal pain; 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Assessment/Plan: &#x0D; I discussed with she and her son the pathology the findings at surgery and what her options at this point are. I think have suggested carboplatin Taxol to her for 6 cycles id I would also get a CT of the abdomen and pelvis prior to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Germ cell neoplasm of right testicle (CMS/HCC; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 Hematuria; Benign prostatic hyperplasia with urinary obstruction; UTI ; Recent weight loss; and Abnormal urinalysis on his problem list.Elevated serum alkaline phosphatase level; LEUKOCYTE ESTERASE UA Negative 3+ &#x0D; &#x0D; PROTEIN UA Negative 2+ &#x0D;; 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 protein.; Yes this is a request for a Diagnostic CT	1
Podiatry	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	unknown; This study is being ordered for trauma or injury.; 10/09/2018; There has not been any treatment or conservative therapy.; pain and dysfunction, 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
Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			1
Psychiatry	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.; It is not known if this patient had a recent course of supervised physical therapy.	1
Pulmonary Medicine	Approval	70450 Computed tomography, head or brain; without contrast material			1
Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material			2
Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Pt's symptoms going on more than 90 days.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Duration of Symptoms: Start: &#x0D; Physical Exam Findings: "4.3x3.7x4cm left infrahilar lung mass" - Dr. Moseley 11/13/2018&#x0D; Preliminary Procedures Already Completed: CT chest 10/27/2018&#x0D; &#x0D; Reason for Study: To determine if there is any abnormalities within ; 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
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PT has had a biopsy, metabolic workup; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material			45
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Renal mass: CT 9/11/18: complex cyst on R kidney. Lymph nodes in the retroperitoneum; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		Stone protocol; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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.; A urinalysis has been completed.; The reason for the hematuria is not known.; It is not know 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
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	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 normal.; 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 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
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 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
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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	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."; 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		; 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

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 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; 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.; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		1 yr follow up ct chest&#x0D; &#x0D; AT THE REQUEST OF:JON A SEXTON, MD&#x0D; PATIENT NAME:AMANDA MCREYNOLDS&#x0D; DOB:03/26/1980&#x0D; AGE/SEX:37/Female&#x0D; DATE OF SERVICE:12/05/2017&#x0D; PATIENT ID#:1538354&#x0D; &#x0D; PROCEDURE(S): CT CHEST WO&#x0D; &#x0D; &#x0D; CT CHEST WITHOUT CONTRAST&#x0D; &#x0D; INDICATIO; 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		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	12
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	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.; 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	3
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 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.; 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
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 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 Ulcerative Colitis.; 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 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
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.; 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
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.; 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
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 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

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	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 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
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	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 not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	22
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		ultrasound showed the mass and the CT needs to be done; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		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	2
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" RESATGING WHILE ON TREATMENT	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.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" CT done for kidney stones showed incidental finding of liver lesion	1
Unknown	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.; This patient has liver lesions and a liver cyst.	1
Unknown	Approval	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	1
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 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.; 01/2018; It is not known if there has been any treatment or conservative therapy.; SHORTNESS OF BREATH, AB GIRTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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			Yes, this is a request for CT Angiography of the abdominal arteries.	3
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 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

Unknown	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	female who has had a palpable mass for about a week. She had her first mammogram at the mobile screening mammogram unit on 8/23/18. It was BIRADS 0 with a focal asymmetry on the right. She then had a right diagnostic mammogram and ultrasound that saw a 1.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Unknown	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	PATIENT HAD ABNORMAL MAMORGRAM AND ABNORMAL BREAST ULTRASOUND.; 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
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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
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	25
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	66
Pulmonary 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	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	AT THE REQUEST OF:KYLE G HARDY, MD&#x0D; PATIENT NAME:ARTHUR HAYES&#x0D; DOB:08/06/1955&#x0D; AGE/SEX:62/Male&#x0D; DATE OF SERVICE:12/08/2017&#x0D; PATIENT ID#:1351581&#x0D; &#x0D; PROCEDURE(S): CT CHEST WITH&#x0D; &#x0D; CT CHEST WITH CONTRAST INDICATION: History of multiple 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	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	1
Pulmonary Medicine	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
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	8
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest - Noncontrast, 05/18/2018&#x0D; &#x0D; HISTORY: Solitary nodule of lung.&#x0D; &#x0D; REFERENCE STUDY: 07/09/2017.&#x0D; &#x0D; FINDINGS: There are no enlarged mediastinal, hilar or axillary lymph&#x0D; nodes. Atherosclerotic vascular changes are seen in the thoracic&#x0D; aor; "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	CTA CHEST DONE IN 08/2018 WITH A SMM LUNG NODULE; "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	F/u on lung nodule noted on CXR; 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; "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	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
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.	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 for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	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	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



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	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)		abnormal ekg and ches study; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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)		fax clinicals; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		health risk too high for needle biopsy; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		history of COPD, rt lower lobe cancer, status post rt lower lobe lobectomy, under gone chemotherapy 2016, follow up, hoarsness in voice the passed week with associated odynophagia and sore throat. tenderness on the right side of body and tremors; 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		hx lung cancer, SOB.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		mass shown 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		New patient here for COPD and chronic cough. Referred by Dr. Wagner. SOB easily . Some chest pain occasionally. Cough all the time with white sputum.; 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	2
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	3
Pulmonary 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 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

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.	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 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
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	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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.; It is not known if the member has known or suspected coronary artery disease.	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).; 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 a physical restriction to the member's ability to exercise	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		na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; na; It is not known if there has been any treatment or conservative therapy.; na; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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; 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
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)	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 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
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)	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.; 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
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.; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAD CHEST CT ON DECEMBER 2017 WITH A NEW LUNG NODULE MEASURING 6MM RADIOLOGY RECOMMENDS FOLLOWING UP ON THIS 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	Patient has multiple enlargement lymph nodes; 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	PFT showed moderate restriction associated with his exposure history, will review HRCT to rule out Interstitial Lung disease. He worked in paper factory for the last 40 years and has had excessive exposure to dust. Patient has dyspnea associated with this; 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	PT ALSO HAS COPD.&#x0D; 30 PACK YEAR HISTORY OF SMOKING,INCREASED 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	Sarcoidosis, which began months ago. Located on lungs, lymph nodes. Severity described as moderate and improving. Associated signs/symptoms include fatigue, DOE. She is currently taking prednisone 20 mg po daily. She is due for repeat imaging (CT chest/ab; This study is being ordered for inflammatory/ Infectious Disease.; 07/01/2018; There has been treatment or conservative therapy.; nodules on lungs&#x0D; rash; breathing treatments&#x0D; oral steroids&#x0D; 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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient started experiencing shortness of breath wheezing and chest pain and hemoptysis on 10/28/2018 Patient was seen at Baptist Hospital and a ct angiogram was negative but there was some questionable small blebs apically. Patient is now experiencin; 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
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	4
Pulmonary Medicine	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
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 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
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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2018; It is not known if there has been any treatment or conservative therapy.; SHORTNESS OF BREATH, AB GIRTH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		c/o chest heaviness that occurs at random times and radiates into her right arm. She states that this is associated with dyspnea and dizziness. Palpitations described as beating funny and is associated with near syncope.; 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
Unknown	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 - Will get a treadmill nuclear stress test and 2-D echo cardio gram to evaluate for ischemia. R07.9: Chest pain, unspecified ELECTROCARDIOGRAM US, ECHOCARDIOGRAM, TRANSTHORACIC, COMPLETE, W/ COLOR FLOW NM, MYOCARDIAL PERFUSION SCAN - Note to Im; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ?09/15/2017 Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel, and metoprolol. -Patient has been complain; There has been treatment or conservative therapy.; Patient has been complaining of exertional chest discomfort for the last 2-3 weeks, 5 out of 10 in intensity, no radiation. coronary artery disease status post PCI to RCA in 09/17 chest pain on exertion.; asa, statin, prasugerl, and BB. Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugerl, and BB. I25.10: Atheros; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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	71250 Computed tomography, thorax; without contrast material		We had the CT reports with a 1.9 cm LLL lesion. This was done in Memphis, TN.; "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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			6
Pulmonary 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
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2018; There has not been any treatment or conservative therapy.; short of breath, dyspnea, required oxygen with any 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
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	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	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
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; 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
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)	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 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		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1
Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Patient has a history of nodules of the lungs that need followed up on with a low dose CT.; 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
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Previously diagnosed with Brain cyst 5 years ago. Headaches have been new in type and duration since 9/5/2018; 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 chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3
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.	2
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having weight loss, difficulty walking, Numbness in hands, fever, cough.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 4 months ago; There has been treatment or conservative therapy.; Dizziness/nausea upon extending neck; 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
Unknown	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 6 weeks 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

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 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	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient with hx of colloid brain cyst and is having headaches again.; This 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
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.; 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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	; It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
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	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.; 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
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 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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	5
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; 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.	2
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Ms. Knight is a 56 year old following up with her COPD, emphysema, and tobacco abuse. She continues to have shortness of breath with exertion, coughing up moderate amounts of yellow/clear phlegm at times, and occasional wheezing. She tried to quit smoking; 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.; 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
Pulmonary Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/2017; There has been treatment or conservative therapy.; Cough, fever, shortness of breathe; Ct Scans; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 known tumor.; 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	3
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal findings on dx imaging of oth body structures; "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	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
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	'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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had no Diagnostic imaging performed for interstitial lung disease as patient was a welder for 20 years, had a traumatic pneumothorax at age 17, and is having periods of SOB with exertion and wheezing noted.; 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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having weight loss, difficulty walking, Numbness in hands, fever, cough.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Pt has cardiomegaly based on CXR criteria. Appears to have infiltrate in bilateral upper lobes. CXR with cardiomegaly, appears to be developing hazy infiltrate to bilateral upper lungs.; 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
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up; 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	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	R/O: INTRACRANIAL HEMORRHAGE/DAMAGE&#x0D; R/O: C SPINE INJURY&#x0D; 10/24/2018--FALL INJURY ON LEFT SIDE HEAD/FACE; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 6 weeks 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/15/18; There has been treatment or conservative therapy.; pain in back neck and headache and upper leg pain and diminished reflex getting worse; medication, x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	; This is a request for 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	complaints of neck pain that radiates into his left interscapular region with numbness in his arms bilaterally, left worse than right.; 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Ed presents today with a history of taking a fall backwards at his home 2-3 weeks ago where his cervical neck and upper shoulders hit the ground first. Since that time he has had muscular stiffness in his posterior neck and scapular areas slightly worse o; 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.; It is not known if there is 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	Enter abnormal xrays of L/spine and C/spine recommending MRI of both for further evaluation; 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	Mild compression fractures can be occult radiographically, Disc herniation cannot be excluded. Minimal Lumbar osteophytosis. Pain is aggravated by walking, bending, lifting or twisting.; This study is 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.; Paresthesia, Chronic cervical pain, Chronic Lumbar 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Roy Hurst is a 26 y.o. male. Who complains of continued neck pain since Oct 10 after MVC. But now has numbness in left hand- started on back of hand- now in left thumb, index and middle finger. Numbness started "when I go to sleep." Also having weaker h; 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.; Roy Hurst is a 26 y.o. male. Who complains of continued neck pain since Oct 10 after MVC. But now has numbness in left hand- started on back of hand- now in left thumb, index and middle finger. Numbness started "when I go to sleep." Also having weaker 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
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; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non 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	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	40
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	Chest pain describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	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 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



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 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	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
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 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
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.; '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
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; No, the patient does not demonstrate neurological deficits.;	1
Unknown	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.; 09/01/2015; There has been treatment or conservative therapy.; pain, strain of back muscle, lower back injury; [patient has seen a spine 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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pott's disease (spinal tuberculosis); This is a request for a thoracic spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, Cervical Degenerative Disc Disease, Lumbar Degenerative Disc Disease, Chronic Neck Pain, Chronic Back pain, Cervical Spondylosis, Lumbar Spondylosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Prior to 2016; It is not known if there has been any treatment or conservative therapy.; Patient has been having shooting pain, pins and needles sensation throughout spine and some numbness in limbs. Worsening Neck pain and back pain. Patient's pain doctor requires MRI before pain injections can be 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	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.; 09/01/2015; There has been treatment or conservative therapy.; pain, strain of back muscle, lower back injury; [patient has seen a spine 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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 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.; Motrin, Zanaflex	1

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal CT scan - 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.; constant; There has not been any treatment or conservative therapy.; abnormal CT scan&#x0D;&#x0D; Patient presents for flank pain and 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter abnormal xrays of L/spine and C/spine recommending MRI of both for further evaluation; 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	Gait: Wheelchair&#x0D; 65-year-old Caucasian female with chronic pain syndrome as well as known multilevel degenerative disc disease presents today for evaluation for increasing numbness and tingling as well as diminished ability to mobilize over the last seve; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Legs aren't working, no feeling in her legs.States that 2 weeks ago her legs gave out - states that in the last week they sometimes get some feeling - but not much - states that she is not able to walk - husband is working her legs in the bed; The patient does not have new signs or symptoms of 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	Mild compression fractures can be occult radiographically, Disc herniation cannot be excluded. Minimal Lumbar osteophytosis. Pain is aggravated by walking, bending, lifting or twisting.; This study is 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.; Paresthesia, Chronic cervical pain, Chronic Lumbar 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MVA ACCIDENT IN 2015 WITH PARACENTRAL DISC PROTRUSION L5-S1 AND DDD IN THE LUMBAR REGIONS; HAD INJECTIONS, CHIROPRACTIC TREATMENT AND LESI; NOW WITH RECURRENT SENSATION OF "BALL OF FIRE" IN THE 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has back pain radiation to right foot. Right foot is numb; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had two courses of physical therapy and meds over a one year period with no improvement; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, Cervical Degenerative Disc Disease, Lumbar Degenerative Disc Disease, Chronic Neck Pain, Chronic Back pain, Cervical Spondylosis, Lumbar Spondylosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Prior to 2016; It is not known if there has been any treatment or conservative therapy.; Patient has been having shooting pain, pins and needles sensation throughout spine and some numbness in limbs. Worsening Neck pain and back pain. Patient's pain doctor requires MRI before pain injections can be 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	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?	3
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 Neurological deficit(s)	1

Unknown	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.; 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.	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	3
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	10
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	Pt suffers with a lung nodule that hasn't been followed since 2017.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	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.; one month ago; There has been treatment or conservative therapy.; left knee and right knee pain, swelling.; 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
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	CT Chest/abd/pelvis for unintentional weight loss.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/2017; There has been treatment or conservative therapy.; Cough, fever, shortness of breathe; Ct Scans; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Unknown	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.; 09/01/2015; There has been treatment or conservative therapy.; pain, strain of back muscle, lower back injury.; [patient has seen a spine 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	with contrast previous MRI showing ruptured disc in past per patient; 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	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 7/10/18; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	abnormal CT scan - 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.; constant; There has not been any treatment or conservative therapy.; abnormal CT scan&#x0D; &#x0D; Patient presents for flank pain and 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

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	She has had 2 MRI scans for this, with the most recent being in April of 2017. the radiologist suggested follow-up in a year to ensure long-term stability of this cyst. The cyst was 1st seen an November 2016.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initial onset : cyst was first seen November 2016; There has been treatment or conservative therapy.; Rectal Bleeding, mucous in stool, septations; Eliqis, Pepcid, Fiber tablet, colonoscopy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an Pelvis MR Angiography	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
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material			1
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Patient has a PET scan performed on 10/31/2018 that had abnormal results. Also need to do scans for follow up of lymph node issues.; 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)		Patient will be treated for brain mets but it has been 3 month since the last contact so the doctor needs to find out if the tumor has advanced or if there is any other areas of concern that could require radiation treatments.; 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		Patient has been treated with whole brain radiation therapy. Initially the plan was to treat with whole brain radiation with an SRS boost but the results of the MRI showed a decrease in the size of the brain lesions so the doctor decided to follow with s; 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.; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient will be treated for brain mets but it has been 3 month since the last contact so the doctor needs to find out if the tumor has advanced or if there is any other areas of concern that could require radiation treatments.; 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		Per CT Head 10/2018-A 1.3 cm enhancing cerebellar mass with surrounding vasogenic edema, concerning for intracranial metastatic disease. Radiation MD wants Brain MRI SRS protocol for treatment planning w/thin slices.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not 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; 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.	2
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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	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."; fracture	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	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
Unknown	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 does not have a documented limitation of their range of motion.	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	initial evaluation of hepatitis C; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports to clinic for possible hernia re-pull, she has been going to the gym and worked out very hard last night and is now experiencing soreness, and bulging in the lower right abdomen/groin area, patient also reports burning in that area.; This is a request for an Abdomen CT.; This study is being ordered for trauma.; It is not known if this request is for follow up for abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; It is not known if there is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	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.	3
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.	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.; This study is being ordered for a tumor.	9
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; 'None of the above' are 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
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		CT chest and CT Abdomen/pelvis scans are being requested for followup post radiation treatments.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation 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 beign 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		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 speciality is Radiation Oncology	7
Radiation 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 speciality is Radiation Oncology	2
Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	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 speciality is Radiation Oncology	1

Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material		Unknown; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Unknown	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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 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	Disapproval	74176 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
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	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient continues to have bloating discomfort. He did show signs of duodenitis during a recent EGD. This bloating and gas pain has gone unresolved despite treatment. Dr. Svoboda is trying to determine the cause for the continued discomfort.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal 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.; 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
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		INITIAL STAGING AND TREATMENT PLANNING.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Radiation Oncology	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
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		CT chest and CT Abdomen/pelvis scans are being requested for followup post radiation treatments.; 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 3 exams are being ordered.; One of 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		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	3
Radiation 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 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

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 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
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 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)	4
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.; 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
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 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
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 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
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	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 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
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 NOT performed.; Yes this is a request for a Diagnostic CT	4
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	1
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 7/10/18; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	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
Unknown	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

Unknown	Disapproval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Unknown	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
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).; 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
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	Patient is a 60 y/o female who presents today as new patient. PMH includes DM, HTN, HLD, and CAD s/p PTCA of RCA in 02/2013, CX in 03/2016 per Dr. VanGrouw. She is a 1 PPD smoker. Significant FHx of CAD, MI's. Her father had his first MI at age 29, he die; 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
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	the patient has chronic back pain, asthma, palpitations, dizziness, dyspnea, and numbness.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not known	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 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
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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; 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 patient is experiencing new signs or symptoms indicating a recurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is 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.; 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)	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 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)	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 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	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



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; 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
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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	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 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
Radiology	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
Radiology	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
Radiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient had carotid (neck) artery surgery.; This the first imaging after surgery.	1
Radiology	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	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.	1
Radiology	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 a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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	Unknown; This study is 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, office visit was 11/20/2018; 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
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; 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)	1
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

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	chest pain, states is does not happen often. Daily weakness and fatigue. Palpitations, feels heart racing. Denies any shortness of breath and edema. &#x0D; Hyperlipidemia&#x0D; Essential hypertension&#x0D; Coronary arteriosclerosis in native artery - 3 vessel&#x0D; &#x0D; Chest pa; This study is being ordered for Vascular Disease.; 09/14/2016; There has been treatment or conservative therapy.; MI; HAD MI 09/13/2016... HAD NSTEMI 09/13/2016 HAD CAD 3 VESSEL CAD&#x0D; LHC (09/14/2016) Successful multi-vessel intervention of the left anterior descending, ramus intermedius and circumflex with drug-eluting stent placement to each vessel with no residual sten.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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, office visit was 11/20/2018; 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
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; It is not known if the member has known or suspected coronary artery disease.	1
Unknown	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Radiology Services Denied Not Medically Necessary	Pancreatic mass; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1
Urology	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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		&#x0D; Enter answer here - or Type In Unknown If No Info Given &#x0D; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &#x0D; Enter date of initial onset here - or Type In Unknown If No Info Given &#x0D; It is not known if there has been any treatment or conservative therapy.; &#x0D; Describe primary symptoms here - or Type In Unknown If No Info Given &#x0D; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		'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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Patient has high grade invasive urothelial carcinoma with muscular invasion. Has gross hematuria. Need to assess 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		Patient has testicular cancer on the left side. We are staging cancer and evaluating for metastatic disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Stage III renal cell carcinoma, on sunitinib therapy for the past couple of weeks, doing well clinically. &#x0D; Patient has been tolerating sunitinib therapy well.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Radiology	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
Radiology	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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	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.	1
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		As her more recent onset of radicular leg pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will defer referral for conservative man; The study requested 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 ankle dorsiflexion tibialis anterior 3/5 (significant Tib Ant atrophy in comparison to the left. Slump test (seated straight leg raise) 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
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	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Rheumatology	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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		surveillance after completing chemo for bladder cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Urology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Will fax with 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.; July 31 2018; There has not been any treatment or conservative therapy.; 2 months left thigh pain , with numbness and weakness, bruises left knee reflex, diminished sensation on left medial calf and planter arch . Wanted to do further localization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is 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		PATIENT HAS ABCESS OF SCROTUM WITH PUSS COMING OUT POSSIBLE GANGRENE OF SCROTUM; 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		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
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		Prostate cancer, PSA 4, Gleason score 6. Plan is to go ahead and do active surveillance. We talked about surgery, radiation or active surveillance. We are going to get a bone scan, CT scan and a molecular marker to make sure everything is okay. If all tha; 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		VESICOCOLIC FISTULA AND GROSS HEMATURIA; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		hx of interstitial lung disease, persistent 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
Rheumatology	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 Congenital Anomaly.; 09/03/1997; There has been treatment or conservative therapy.; fatigue, weight loss, body aches and pain, shortness of breath , abdominal pain.; medication, injectable.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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; 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
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.	4
Rheumatology	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
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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.; 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.; There is x-ray evidence of a recent lumbar fracture.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Rheumatology	Approval	72192 Computed tomography, pelvis; without contrast material		; 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
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		PSA Trend: increasing; abnormal PSA; &#x0D; 06/21/2008 2.67 &#x0D; 06/20/2009 2.15 &#x0D; 06/19/2010 2.96 &#x0D; 09/15/2010 2.56 &#x0D; 04/24/2013 4.45 &#x0D; 10/12/2013 3.1 &#x0D; 06/30/2014 2.99 &#x0D; 04/13/2015 5.14 &#x0D; 06/30/2015 3.36 ng/mL &#x0D; 01/27/2016 4.59 ng/mL &#x0D; 08/05/2016 4.2; 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)		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?	40
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		urethral diverticulum &#x0D; There was some suggestion of this on cystoscopy, however the size of the diverticulum and the extent of the diverticulum is unknown. She understands that a pelvic MRI is indicated this situation to determine size and location for ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	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 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

Urology	Approval	74150 Computed tomography, abdomen; without contrast material	OBSERVATION OF RENAL CELL CARCINOMA STAGE III AFTER RADICAL NEPHRECTOMY.; 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.; 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
Urology	Approval	74150 Computed tomography, abdomen; without contrast material	On f/u CT 1/5/8 the left renal mass is unchanged in size today and is more consistent with being a mildly complicated cyst. Will need a f/u renal CT in a year to monitor the left renal complex cyst/mass; 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
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	positive ANA - back pain - DDD noted on SI joint XR - MRI needed for sacroiliitis; 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 pelvic trauma or injury.	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.	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 pelvic inflammatory disease or abscess.	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 tumor, mass, neoplasm, or metastatic disease?	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/1/2018; There has been treatment or conservative therapy.; HAMD 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; swelling and 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
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.	13
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	worsening hand pain. unable to properly grip with hands. hand pain and tenderness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		1
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 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
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	13

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	1
Urology	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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		WILL FAX IN; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is not known if there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			5
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; tenosynovitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 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
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.	9
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			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 study is being ordered for Inflammatory/ Infectious Disease.; spring 2017; There has been treatment or conservative therapy.; swelling and pain in foot and ankle; nsaid, 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
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		Arthritis, knee; Bilateral knee pain without effusion or synovitis. evaluate for osteonecrosis Vs other causes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/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 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
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 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
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 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.; 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
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.; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Fever, ureteral stricture, kidney stones, stent 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.; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		flank 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.; 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		FLANK PAIN; 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		Follow up due to HX of renal mass that had been surgically removed.; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Kidney Stone &#x0D; &#x0D; Reported by patient. &#x0D; Location: right kidney &#x0D; Quality: ache &#x0D; Severity: moderate &#x0D; Context: stone size: 7mm; date of imaging: (10/5/2018); previous history of kidney stones; family history of kidney stones; history of Urinary Tract Infe; This is a request for an abdomen-pelvis CT combination.; This study is being 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		no; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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		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

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has testicular cancer on the left side. We are staging cancer and evaluating for metastatic disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		PROSTATE CANCER AND BONE METASTASIS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Pt was diagnosed with left renal adenocarcinoma and underwent left nephrectomy on 6/27/2017. 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		Squamous cell carcinoma with metastasis to lymph nodes: s/p excision of penile carcinoma and bilateral lymph node dissection 06/12/15.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; It is not know 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
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 know 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
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.; This study is being ordered for 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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for 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
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).	2
Rheumatology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		unknown; This study is being ordered for Congenital Anomaly.; 09/03/1997; There has been treatment or conservative therapy.; fatigue, weight loss, body aches and pain, shortness of breath , abdominal pain.; medication, injectable.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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.	2
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	2
Rheumatology	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



Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	continued pain. but normal xrays; The study 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
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lower back pain radiating down both legs. has seen a chiropractor with minimal relief. abnormal l-spine xrays. DDD and stage 1 spondylolisthesis at 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
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	POSSIBILITY FOR INJECTION; This study is being ordered for Inflammatory/ Infectious Disease.; 10/31/2018; There has been treatment or conservative therapy.; RADICULAR PAIN; NSAIDS, 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
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	low back pain and hip pain, decrease range of motion in hips; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Rheumatology	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	evalutaion of seronegative ra; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; diffuse joint pain; 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
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/6/18; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	evaluation for possible seronegative rheumatoid arthritis vs. inflammatory arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, swelling, stiffness; NSAIDS course of 3 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
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	family history of inflammatory arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain/swelling; 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
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	needed to determine treatment options for patient; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, inflammation; use of 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

Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/1/2018; There has been treatment or conservative therapy.; HAMD 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
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; swelling and 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
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	evaluation for possible seronegative rheumatoid arthritis vs. inflammatory arthritis; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, swelling, stiffness; NSAIDS course of 3 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
Rheumatology	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 not directed conservative treatment for the past 6 weeks.	2
Rheumatology	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.; 10/22/2018; There has been treatment or conservative therapy.; Joint pain in hand and wrist, to r/o rheumatoid arthritis; Medication, prednisone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	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.; unknown; 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	1
Rheumatology	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 Inflammatory/ Infectious Disease.; spring 2017; There has been treatment or conservative therapy.; swelling and pain in foot and ankle; nsaid, 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
Rheumatology	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.	1
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	no injections; This study is being ordered for trauma or injury.; 6/28/18; There has been treatment or conservative therapy.; LROM, swelling and pain; PT and 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	2
Sports 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.; ; 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

Sports Medicine	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
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		I think that she will likely need to have cervical epidural steroid injections but we cannot do that unless we are allowed to get the MRI, which she needs. We will once again try to order that and if done I will see her back after the MRI.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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.	5
Sports Medicine	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
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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
Sports Medicine	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
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?	4
Sports Medicine	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.	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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	12
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.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days; Swelling greater than 3 days	1
Sports Medicine	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	2
Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mrs. Walter is a forty-two-year-old who presents with multiple complaints, generally of body aches involving her joints but also cervical, thoracic and lumbar pain with radiating pain down both arms and radiating pain into the left hip and down 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 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

Sports Medicine	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
Sports 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 been treated conservatively with rest and immobilization and anti-inflammatories for greater than 6 weeks. He had no associated leg pain or weakness but does have a history of back pain. Range of motion is limited in extension without rep; 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.; significant left lateral foot pain with associated numbness and tingling. He has not had a specific injury. It has been present since July. He has treated conservatively with rest and immobilization and anti-inflammatories for greater than 6 weeks. He	1
Sports 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
Sports Medicine	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.; 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
Sports 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	SPORTS INJURY, r/o stress fractures Tib/Fib; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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
Surgery	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
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		basal cell carcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	70490 Computed tomography, soft tissue neck; without contrast material		R/O metastasis.; 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	1
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	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 not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	2
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 trauma or injury.; 10/05/18; There has been treatment or conservative therapy.; anxiety, numbness, tingling, c spine pain; medication 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

Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient c/o daily headaches, medication no help.; This 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
Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		R/O metastasis.; 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		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	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.; 08/30/2018; There has been treatment or conservative therapy.; Left upper chest/shoulder pain, 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
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
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		basal cell carcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		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	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		multiple hypoattenuating lesions in the liver with small amount of hemorrhage.; 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		RETAGING; 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		The patient has a primary breast cancer confirmed by biopsy. We have planned to proceed with staging scans. Discussed surgical options with the pt including mastectomy vs. lumpectomy with postoperative breast radiation.; 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		Tonsil 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		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 a general surgeon.; 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
Surgery	Approval	72131 Computed tomography, lumbar 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.; 2 weeks; There has not been any treatment or conservative therapy.; low back pain, radiculopathy, pelvic 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
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.	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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
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 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

Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		The patient has a left scrotal mass with left groin pain and dysuria. Would like to obtain CT to rule out possible inguinal hernia or any other complication prior to considering surgery.; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		thick yellow to brown drainage from fistula.; 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		This is a 39 y/o male who developed right groin below the level of the pubis after he strained to pick up something for his daughter which was under the seat of an airplane during a recent trip to San Francisco. The patient also has noticed left sided pai; 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	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
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Unknown; 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		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
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	7
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 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
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		No pain improvement with conservative treatment to include PT and NSAIDs.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2016; There has been treatment or conservative therapy.; Pain and swelling; Injections, physical therapy, NSAIDs (oral and topical), steroids, muscle relaxants, 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
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.	7
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	51
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.; 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
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.; 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.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	12
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 had an lipase lab test.; The results of the lab test were 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.; 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
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.; It is not known if the study is requested for hematuria.; 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 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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The study is for a mass, tumor or cancer.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; It is not known if the patient has had recent plain films, bone scan or ultrasound of the knee.; The study is not requested for shoulder pain.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Continued pain with conservative treatment; This study is being ordered for trauma or injury.; 7/1/2018; There has been treatment or conservative therapy.; Pain and swelling.; She's tried a trial of wrist cock-up splint and rest for 1 month along with 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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	No pain improvement with conservative treatment to include PT and NSAIDs.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2016; There has been treatment or conservative therapy.; Pain and swelling; Injections, physical therapy, NSAIDs (oral and topical), steroids, muscle relaxants, 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
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has lupus; This study is being ordered for Inflammatory/ Infectious Disease.; 11/19/2018; There has been treatment or conservative therapy.; Left ulnar-sided hand and wrist pain. She also has a weaker grip and weaker hand function because of pain.; NSAIDs 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)	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 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
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.	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 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 not 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 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.	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 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		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.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	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	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 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		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



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 not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	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 being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Ulnar sided pain&#x0D; diagnosed with ulnar abutment syndrome. had ulnar shorting osteotomy. Had recurrence of pain. 1 year later second surgery wafer resection of the distal ulna. No improvement. 3rd surgery with wafer repair. No improvement. Pain while at re; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 Knee 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		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
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 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
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	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 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
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	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
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 not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Surgery	Approval	74150 Computed tomography, abdomen; 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.; 08/30/2018; There has been treatment or conservative therapy.; Left upper chest/shoulder pain, 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

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	epigastric pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	Known pancreatic pseudocyst that has increased in size.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	lesion in liver. needs further evaluation.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA&gt; 10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	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	3
Surgery	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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 10/16/2018; There has been treatment or conservative therapy.; abdominal Pain, chest pain, chest pressure, abdominal tenderness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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		40 year old male patient referred by Dr. Lendel for evaluation of a hernia. Patient reports a history of a self inflicted gunshot wound to the head in 2013 which involved burr holes, shunt placement, and tracheostomy. He then reports a head bleed in 2016.; 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		Abdomen Mass and Incisional epigastric hernia. patient needs a ct for surgery planning; 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		Abdominal ultrasound completed on 10/18/2018 that revealed mild dilation of the proximal renal collection system. CT recommended to rule out urinary tract obstruction. Patient is also noted to have right upper quadrant pain and ultrasound of completed on ; 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		Abnormal findings on esophagogastroduodenoscopy (EGD) &#x0D; &#x0D; 73 year old female patient who returns for follow up after EGD and colonoscopy on 8/14/2018 for evaluation of abdominal pain, diarrhea, with negative gallbladder workup. The EGD revealed GERD w/; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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		Evaluate metastatic disease, and resectability.; 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 diagnosis; 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		hernia repair on 9/4/18 checking to see if reoccurrence pain due to abdominal pain and bolging in abdomen; 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		hernia repair(wanting to check to see if its fine) if not going to repair 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient follow-up status post endoscopic hand-assisted splenectomy for thymomegaly and subsequent histoplasmosis. He had had a wound seroma which evacuated and does no longer able to pack. There is no cellulitis there is no significant drainage. He is con; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient is having abdominal pain and is suspecting of hernia, but doctor isn't sure; 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.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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 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 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	3
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 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 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	9
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 amylase lab test.; The results of the lab test were normal.; 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.; 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 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.; 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	47
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.; 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
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	6
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	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.; 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.; This study is being 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	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 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 female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1
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	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 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
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	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 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	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 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
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	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 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	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.; 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	22
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 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
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 presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 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

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 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.; 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
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	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 not performed.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		URETERIC STONES, KIDNEY STONE AND BLADDER 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Wanting a yearly follow up due to HX of 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		MRI abd w/wo contrast (05/16/18): IMPRESSION: &#x0D; 1. Stable 1.2 cm exophytic cystic lesion anteriorly off the lower pole of the left kidney with suggestion of a thin enhancing septation. Appearance is stable when compared with prior MRI of 10/30/17. This re; 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)		--Renal Mass vs. Cyst: small low-density foci within each of the kidneys; may be due to areas of a cortical scarring however a solid mass cannot be excluded per CT (11/21/18); 1.9 cm low-density focus at the lateral lower left kidney, 3 mm apparent cyst a; 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.;" abn CT viewed enlarged liver	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 (10-18-18): 1.6 cm fat-containing lesion at the hepatic dome, Recommend liver MRI for further evaluation. Bilateral renal cysts	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 (11-27-18) 2.5 cm indeterminate left adrenal mass. Further evaluation with noncontrasted MRI recommended	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.;" Per CT (5-7-18): 3.7 cm right 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."; There is also a 1.4 cm low-density lesion within the lateral interpolar region of the left kidney with thick coarse calcification peripherally which likely represents a Bosniak 2F 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.; 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."; There is a faint 1.5 cm low-density focus in the posterior inferior right liver which correlates with lesion on previous ultrasound. This is indeterminate in appearance. This does not have typical enhancement pattern for a hemangioma; but could represent	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.; 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
Urology	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
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.; 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
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 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
Urology	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
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Elevated PSA: benign TRUS Bx in past; PSA: 4.4 (5-1-18); 5.5 (10-31-17); 4.6 (4-27-17); 4.5 (10-12-16); 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Elevated PSA: PSA hx: 4.79 (12.5.18); 6.15 (08.09.18); 3.42 (5/3/18); 4.38 (2/1/18); 3.21 (3/30/17); 2.70 (1/5/2017); 7.45 (11/3/16); 4.62 (4/5/16); 4.4 (1/21/16); NEG Bx on 6/8/16 with (+) Confirm MDx; 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	rising PSA levels; 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Will fax with 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.; July 31 2018; There has not been any treatment or conservative therapy.; 2 months left thigh pain, with numbness and weakness, bruises left knee reflex, diminished sensation on left medial calf and planter arch. Wanted to do further localization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen 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
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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

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	A. Kidney, right, partial nephrectomy;&#x0D; - Clear cell renal cell carcinoma, measuring 4.2 cm, WHO/ISUP grade 2; see template. &#x0D; - Limited to kidney (pT1bNX).&#x0D; - All margins are negative for carcinoma; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	HISTORY OF KIDNEY STONED, FLANK AND ABDOMINAL 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 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	KIDNEY STONE; 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Left ureteral stone- S/p left ESWL 8/10/2018. Has had previous surgery for stones in the past. He reports pain on the right side that has been present for several weeks. He reports that he has been drinking water and lemonade. He reports that he has stopp; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	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	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 NOT performed.; Yes this is a request for a Diagnostic CT	6
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 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 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	9
Surgery	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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown; This study is being ordered for trauma or injury.; 10/2/2018; There has been treatment or conservative therapy.; Patient was struck by a car. Hypotensive, low blood pressure, external evidence of trauma, abrasion on the left breast, luq positive, AP compression of iliac press stable tender.; 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	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.; 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	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.; 09/06/2018; There has not been any treatment or conservative therapy.; severe right lower quadrant abdominal pain. The pain is so severe that it is difficult for her to work. It is a 4 on a scale of 1-10, but it is often a 10/10 for pain. The pain is sharp and burning and feels like somebody is stabbing her. It does not ra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		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.; A lipase abnormality was noted.	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 Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Candice G Millikin is a 47 y.o. female with known fatty liver and pancreatic cyst and atrophy, repeat MRI shows stable lesion in the body/tail of pancreas and she continues to have diffuse non-alcoholic fatty liver disease. At this time given that her pan	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 Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;	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.;" liver mass, right upper quadrant pain and bloating, ultrasound showed 3 gall stones, 6 cm left lobe liver lesion	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.;" Multi- Loculated, Cystic Pancreatic Head Lesion Measuring 3.4 cm	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.;" Tommy L Starr is a 61 y.o. male w/ a PMHx of right hemicolectomy for obstructing colon cancer in June 2017. Now with imaging suggestive of hepatic metastasis x2. Also has concerning lesion on left kidney, possible RCC.evaluate anatomy for surgical opinion	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.;" 10/31/18 gb u/s shows right renal/para pelvic mass and ct abd/pel with and without contrast recommended by radiology&#x0D; &#x0D; without the noncontrast portion of examination, right renal lesion cannot be defined as a benign entity, Renal cell carcinoma is possib	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.;" Patient presented to her primary care. Initial labwork revealed elevated liver function tests. This prompted an abdominal ultrasound and CT scan of the chest, abdomen, and pelvis. Both were suspicious for multiple metastatic deposits. However, once biopsy	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pain, x-ray showed possible kidney stones (10/11/2018); This is 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
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	4

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.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there 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	Disapproval	74176 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
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 a 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 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
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.; 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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	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.;" Unknown	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.;" Ms. Elliot was referred here because of a moderately large liver cyst. It was discovered during workup for gallbladder disease. Initially it was thought to be a complex cyst, but on repeat imaging felt not to be. She has no symptoms related to the cyst	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.; 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
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	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.; CT scan searching for possible spigelian hernia. Small mass effect still noted on exam. Just to the right and inferior to the umbilicus although CT fails to reveal any evidence of abdominal wall herniation or other abnormality. She still noting pain in thi	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).	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 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
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.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

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 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
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	4
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.; 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
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 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
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.; 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.; 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	Disapproval	74176 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.; 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
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.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Nipple discharge; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		patient has a lifetime risk of 21 percent so that puts her at highrisk .; 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		pt has a mass 3x3, nipple discharge, severe fibrocystic changes, multiple breast masses, difficult physical exam; 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.	4
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.	4
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.	7
Surgery	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 a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1

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)		Patient being evaluated for listing for a liver transplant.; 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
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 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
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
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 subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient did NOT have a thyroidectomy and radioiodine ablation.; 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 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
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 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
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 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
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 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
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.; 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	Disapproval	74176 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
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	8
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)	3

Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		87-year-old male I follow him for peripheral vascular disease. He has suggested high-grade stenosis right internal carotid artery now as well as occluded right vertebral artery these are interval changes from his March ultrasound. I believe his symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular 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.	1
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		87-year-old male I follow him for peripheral vascular disease. He has suggested high-grade stenosis right internal carotid artery now as well as occluded right vertebral artery these are interval changes from his March ultrasound. I believe his symptoms; 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.	2
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		He is here today after having CT chest on 1/23/18 that shows 4.1 cm aortic root dilation. I will see him back in 6 months and get Echo and CT Chest. He is ok with this plan.; 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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2018; There has been treatment or conservative therapy.; Pain; Ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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
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.; MRI OF AXILLA DOES NOT SHOW MASS BUT SHE HAS ARM PAIN AND NUMBNESS AND SHOULDER PAIN; It is not known if there has been any treatment or conservative therapy.; SHOULDER PAIN,ARM 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
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain is radiating from front to back, previous CT did not show any 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
Surgery	Disapproval	72192 Computed tomography, pelvis; 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 weeks; There has not been any treatment or conservative therapy.; low back pain, radiculopathy, pelvic 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
Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	recent hysterectomy after hemorrhage. patient is 12 days post op and having severe lower quadrant pain. Several medications have been tried with no success. Us in office was inconclusive.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; recent hysterectomy with severe right sided abdominal pain; There has been treatment or conservative therapy.; severe right lower quadrant pain; several medications have been tried and failed. Ultrasound was performed in office and was inconclusive; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		28-year-old female referred for blue toe syndrome she has affected second toe on the right and the left foot. I do believe her presentation is consistent with blue toe syndrome she is on Plavix. Of great importance she had an ASD repaired at the age of ; 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		aortic injury follow up; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Vascular 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
Vascular Surgery	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 Vascular Disease.; unknown; There has been treatment or conservative therapy.; aortic aneurysms; unsuccessful PTCA on Sep 14th 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
Vascular Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		33F here for evaluation for possible surgery for thoracic outlet syndrome affecting her right upper extremity. She has a long standing history of right arm numbness and weakness with exertion.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		33F here for evaluation for possible surgery for thoracic outlet syndrome affecting her right upper extremity. She has a long standing history of right arm numbness and weakness with exertion.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	CT R forearm-check osteotomy healing & ECU tendon isoform bone; This study is being ordered for trauma or injury.; 3/28/2016; There has been treatment or conservative therapy.; Chronic right wrist pain, need CTs to assess healing of osteotomy and ECU tendon; Bracing, injections, PT, NSAIDs, pain medication 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	2
Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Ulnar sided pain&#x0D; diagnosed with ulnar abutment syndrome. had ulnar shorting osteotomy. Had recurrence of pain. 1 year later second surgery wafer resection of the distal ulna. No improvement. 3rd surgery with wafer repair. No improvement. Pain while at re; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	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 Inflammatory/ Infectious Disease.; 11/15/2018; There has been treatment or conservative therapy.; pain inflammation venous stasis ulcer, oral antibiotics&#x0D; wound care&#x0D; topical medications&#x0D; diebriedment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.	1

Surgery	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
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	R/O HERNIA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Surgery	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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	; 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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Complaint of a definite ventral incisional hernia and umbilical hernia with a single hernia defect.&#x0D; &#x0D; CT to evaluate incisional 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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	EDG test; 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	None; 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	patient c/o midline pain and bulge to the left of midline near the umbilicus. I do not appreciate an obvious hernia in the midline, but if present, it is small. He is not having any obstructive symptoms. I will obtain CT abd/pelvis to look for small sy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	see instructions in H&P attached; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Disapproval	74176 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	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.; 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.; 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	3
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.; 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	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
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 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	Disapproval	74176 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
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 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
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.; 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	Disapproval	74176 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	3
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 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 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.; 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
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	recent hysterectomy after hemorrhage. patient is 12 days post op and having severe lower quadrant pain. Several medications have been tried with no success. Us in office was inconclusive.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; recent hysterectomy with severe right sided abdominal pain; There has been treatment or conservative therapy.; severe right lower quadrant pain; several medications have been tried and failed. Ultrasound was performed in office and was inconclusive; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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 Surgical Oncology	1
Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		recent diagnosis of lung cancer, now with abnormal adrenal gland; 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	2
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	'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
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	71250 Computed tomography, thorax; without contrast material	There is a round solid noncalcified nodule within the left apex (axial image 55); 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
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Post-operative evaluation describes the reason for this request.; Yes this is a request for a Diagnostic CT	1
Surgical 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
Surgical Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Rectal 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 uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	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?	2
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 a preoperative or recent postoperative evaluation.	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	There are 2 exams are being ordered.; One of 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	2
Surgical Oncology	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
Surgical Oncology	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
Surgical Oncology	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 Surgical Oncology	1
Surgical Oncology	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
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 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
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	9
Surgical Oncology	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	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.; 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; It is not known if the patient is presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;"	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).	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.; 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
Surgical 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 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
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 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
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 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
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 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
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 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
Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Orders Only&#x0D; 11/15/2018&#x0D; Surgery Oncology Clinic&#x0D; Patricia Franklin, APRN, CNP &#x0D; Nurse Practitioner Acute Care Special screening for cancer of the respiratory organs +1 more &#x0D; Dx &#x0D; Orders Placed &#x0D; &#x0D; CT low dose lung scan Medication Changes &#x0D; &#x0D; &#x0D; None &#x0D; ; 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.; 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
Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Special screening for cancer of the respiratory organs &#x0D; &#x0D; History of tobacco abuse; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	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.	4
Surgical Oncology	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
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 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

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)	2
Thoracic 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	3
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		5.1cm 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
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Max E File is a pleasant 52 y.o. year-old male who is being seen in the CVT surgery clinic for Ascending Aneurysm. He is here after CT Chest on 6/21/18 that shows, Ascending aorta measuring about 4.4 cm. He denies chest pain, abdominal pain and back pain.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		suspected pulmonary embolus; 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
Thoracic 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.	2
Thoracic 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 completed 6 weeks of physical therapy?	2
Thoracic 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
Thoracic Surgery	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
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.	4
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)		There are 2 exams are being ordered.; One of 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	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
Thoracic 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 '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
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		R/O:INTRACRANIAL HEMORRHAGE/DAMAGE&#x0D; R/O: C SPINE INJURY&#x0D; 10/24/2018--FALL INJURY ON LEFT SIDE HEAD/FACE; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.	6

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.	11
Unknown	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
Unknown	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
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.	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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
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 not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	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	1
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		He has chronic cough that has not improved, despite maximal medical treatment with antibiotics, reflux medications, antihistamines, and Montelukast. He has had normal EGD recently, and has had a normal pulmonary workup, with a reportedly normal chest x-ra; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 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	Approval	70490 Computed tomography, soft tissue neck; without contrast material		fax clinicals; 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	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Regarding carotid disease: We will order a CT angiogram of the neck and head. Further decision based on report. Unclear whether the blurring of the right eye was indicative of a TIA or due to cataract. Appreciate note from optometrist, Mr. Renner suggest; This study is being ordered for a neurological disorder.; May 2018; There has been treatment or conservative therapy.; headache, blurring of vision of the right eye, sharp pain in the right side of her head.; She was subsequently seen by Mr. Renner, an optometrist, who mentioned that she has bilateral cataracts likely contributing to the blurring of vision. She is due to see Dr. Greer in January She has been off Coumadin for 5 days prior to her recent 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
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		abnormal Brain MRI 11/15/18; This study is 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; There has been treatment or conservative therapy.; light headedness fainting and pass out headaches; 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
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.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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
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.	1

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Follow up for Cerebral venogram and right sigmoid sinus stenting.; This study is being ordered for a neurological disorder.; January 2017; There has been treatment or conservative therapy.; Headaches, dizziness and nausea; Aspirin, Plavix, Aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Provider is worried about a pituitary tumor. Please consider.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt recently diagnosed with Malignant Tumor of Larynx. Ct done and revealed 1.5 cm nodule in the left posterior parietal lobe; 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
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	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.	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 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
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 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.; 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 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 being ordered as a 12 month annual follow up.	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 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).	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.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Unknown	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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	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 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

Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal findings on dx imaging of oth body structures; "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	ANEMIA, WEIGHT LOSS, ABDOMINAL PAIN, WORSENING HORSENESS, DIARRHEA AND SIGNIFICANT FATIGUE; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Assessment/Plan: &#x0D; I discussed with she and her son the pathology the findings at surgery and what her options at this point are. I think have suggested carboplatin Taxol to her for 6 cycles id I would also get a CT of the abdomen and pelvis prior to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; 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 is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chronic cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	evaluation and thepray of infection in lungs.Has had a productive cough. We do not have records, but they found a fungus a nebraska.&#x0D; We have no records of a positive culture, or biopsy for a "fungus" in the lungs here.&#x0D; Reviewed at UN, and no therapy su; The patient is NOT 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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	He has chronic cough that has not improved, despite maximal medical treatment with antibiotics, reflux medications, antihistamines, and Montelukast. He has had normal EGD recently, and has had a normal pulmonary workup, with a reportedly normal chest x-ra; 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.; 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
Unknown	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
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Patient has a C3 spinal tumor.; 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	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
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
Unknown	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 beign requested for chest injury or trauma within the past 2 weeks.; 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		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	8
Unknown	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 inflammatory disease.; The ordering physician is a surgeon or pulmonologist.; This is a request for a chest 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	1
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/18; There has been treatment or conservative therapy.; mbr has pain in low back MBR has Scoliosis right leg pain and drags toe on right Mbr did PT with no help; 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	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
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		; This is a 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		; This is a request for 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	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		FAILED MEDS AND CONSERVATIVE TREATMENT FOR 2 OR MORE WEEKS WITH WORSENING PAIN; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; TRIED AND FAILED MEDS AND PHYSICAL THERAPY &#x0D; C-SPINE XRAY-NORMAL ALIGNMENT,NO BONY OR SOFT TISSUE ABNORMALITY SEEN. PT WITH PROGRESSIVE CERVICAL RADICULOPATHY SYMPTOMS.NOT IMPROVED WITH CONSERVATIVEMGMT INCLUDING PT,MEDICATION.ORDER MRI C SPINE AND REFER ; The patient 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		Multi level spondylosis found on x-ray, degenerative disease, and radiculopathy. MRI mainly being order because of patient's weakness in arm and leg.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/1/2018; There has been treatment or conservative therapy.; Tingling both hands, right hand is greater tingling, weakness in right hand and arm, and some weakness in right leg.; Medications, heat & amp; ice, home exercises and currently doing 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		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
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Vascular 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
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Aortic root dilatation; 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
Vascular Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	1. .leg pain &#x0D; 57 year old with history of bilateral leg pain. Patient had a CTA with runoff that was normal . CT showed significant L3 L4 loss of disk space. patient has been getting B12 shots for his peripheral neuropathy. He reports some days he can ; The study requested 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. .leg pain &#x0D; 57 year old with history of bilateral leg pain. Patient had a CTA with runoff that was normal . CT showed significant L3 L4 loss of disk space. patient has been getting B12 shots for his peripheral neuropathy. He reports some days he can ; The patient does not have new signs or symptoms of 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
Vascular Surgery	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
Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.	5
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.; No, this patient did not have a recent course of supervised physical Therapy.	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
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.	13
Unknown	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
Unknown	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; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	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; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1



Unknown	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.; 2/2018; There has been treatment or conservative therapy.; severe right arm pain, stiffness and tightness bilaterally in neck, shoulder pain, ongoing parathesia c-6 c-7, distribution to the right, progressively worse over time, taken fentanyl patches, hydrocodone 4 pills a day, severe pain; epidural injections, physical therapy, taking 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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 2/2018; There has been treatment or conservative therapy.; mbr pain and radiation to feet and right shoulder pain spine deformality; 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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		. The thoracic spine demonstrates no acute compression&#x0D; fracture deformity or listhesis. The disc space heights are mildly&#x0D; narrowed and there is mild endplate sclerosis and spurring. There is a&#x0D; subtle S-shaped curvature of the thoracolumbar spine. The L; 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.; Positive for weakness and numbness&#x0D; Patient has Back pain; Pancreatic mass; Thigh pain, musculoskeletal; Vagina bleeding; Muscular weakness; Pain in joint, lower leg; Hilar adenopathy; Hematuria; Weakness; Palpitations; Esophageal reflux; Dysphagia; Chron; The 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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		evaluate for potential cord compression; 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		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.; unknown	1
Unknown	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
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 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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 2/2018; There has been treatment or conservative therapy.; mbr pain and radiation to feet and right shoulder pain spine deformality; 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 9/15/18; There has been treatment or conservative therapy.; pain in back neck and headache and upper leg pain and deminished reflex getting worse; medication, x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		36 year old man with worsening numbness in his feet and low back pain with evidence of bilateral S1 radiculopathy on his EMG.; The study 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.; Hip Flexor 4+/5	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Based on his symptoms I do feel that the abnormal material at L5-S1 could be disc. However he has had surgery previously and this MRI was done without contrast making it difficult to determine whether or not this is disc or granulation tissue. We will p; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Encounter Date: 10/12/2018; Wozniak, Adam, DO; She is back on her BCBS insurance again since last visit. Patient has a pain management consult scheduled for December in Mtn. Home for her chronic cervical and lumbar pain. She would like to get and update; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	neck pain and upper extremity pain and numbness and lower back pain and concerns with pain in her bilateral legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has a C3 spinal tumor.; 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	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.	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 not have 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
Unknown	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.	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 Neurologic deficits	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	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 completed Treatment with a facet joint or epidural injection in the past 6 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.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Unknown	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
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Hematuria; 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 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
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	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

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 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
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Looking for rotator cuff tear; 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
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."; r/o fracture	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.	10
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.	8
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 post-operative evaluation.; The ordering physician is an orthopedist.	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.; Chronic recurrent right shoulder pain with reports of weakness not improved with time, modification activities and anti-inflammatories, rule out underlying rotator cuff tear	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.; SUSPECTED ROTATOR CUFF TEAR	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?	2
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 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
Unknown	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
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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2
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 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
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	11
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.; This study is being ordered for 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.; This study is being ordered for None of the above; 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 normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); 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 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
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 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
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.; 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
Unknown	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
Unknown	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
Unknown	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
Unknown	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
Unknown	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
Unknown	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
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has worsening upper abdominal pain and fever. Patient has HIDA scan already to rule out Gallbladder problems; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	PT IS HAVING ABD TENDERNESS AND GUARDING. LOW GRADE FEVER, ABD PAIN,NAUSEA AND VOMITING.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	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 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ANEMIA, WEIGHT LOSS, ABDOMINAL PAIN, WORSENING HORSENESS, DIARRHEA AND SIGNIFICANT FATIGUE; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	gallbladder upper right side pain abdominal pain going into the a chest and back has going to the er for this problem MBR is in pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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	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 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	Pt reports she came in a couple weeks ago and was dx c UTI, pt states she believes it hasnt went away due to still experiencing dysuria and blood in her urine and when she wipes c lower back 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
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	She returns today for follow-up of management and treatment of tubo-ovarian abscesses and intraperitoneal abscesses. She initially presented with acute disease underwent intravenous antibiotics and eventually drainage. She was discharged on Flagyl doxyc; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.; 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	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 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
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 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.; 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	4
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	2
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.; 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.; 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
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	5
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
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 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
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		will provide CT scan; 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
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Patient with incidental finding on CT Scan of AB/Pelvis to have Adrenal mass on the left adrenal gland along with multiple cysts . The mass on the adrenal is 0.9cm x 0.7cm.; 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

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		She has had 2 MRI scans for this, with the most recent being in April of 2017. the radiologist suggested follow-up in a year to ensure long-term stability of this cyst. The cyst was 1st seen an November 2016.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initial onset : cyst was first seen November 2016; There has been treatment or conservative therapy.; Rectal Bleeding, mucous in stool, septations; Eliqis, Pepcid, Fiber tablet, colonoscopy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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
Unknown	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
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a request for a heart or cardiac MRI	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 for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.	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 NOT benign lesions in the breast associated with an increased cancer risk.	2
Unknown	Approval	77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral		Pt has lump in 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
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)		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	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)		Chest pain - Will get a treadmill nuclear stress test and 2-D echo cardio gram to evaluate for ischemia. R07.9: Chest pain, unspecified ELECTROCARDIOGRAM US, ECHOCARDIOGRAM, TRANSTHORACIC, COMPLETE, W/ COLOR FLOW NM, MYOCARDIAL PERFUSION SCAN - Note to Im; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ?09/15/2017 Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel., and metoprolol. -Patient has been complain; There has been treatment or conservative therapy.; Patient has been complaining of exertional chest discomfort for the last 2-3 weeks, 5 out of 10 in intensity, no radiation. coronary artery disease status post PCI to RCA in 09/17 chest pain on exertion.; asa, statin, prasugrel, and BB. Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel, and BB. I25.10: Atheros; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		Ms Bonn is a 45 y.o female with PMH of ST and vasovagal syncope, here today for f/u. She has a water aversion. She's wearing compression stockings. She's drinking Gatorade. Dizziness mostly with walking.; 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

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)		PATIENT WAS I/P AT UAMS 4 YEARS AGO FOR THYROID HYPERTHYROID, HTN, HYPERCHOLESTRAL, MI.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-21-18; There has not been any treatment or conservative therapy.; CHEST PAIN, PALPITATIONS, SHORTNESS OF BREATH, FATIGUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.	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); 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.	4
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 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.	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)		UNKNOWN; This study is 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, HTN, PALPITATIONS, 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
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	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; 3 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 Lung 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
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; 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
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 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
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 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 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



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 Lung 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		PATIENT WAS I/P AT UAMS 4 YEARS AGO FOR THYROID HYPERTHYROID, HTN, HYPERCHOLESTRAL, MI.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-21-18; There has not been any treatment or conservative therapy.; CHEST PAIN, PALPITATIONS, SHORTNESS OF BREATH, FATIGUE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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 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 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.	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 Pulmonary Hypertension.	2
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.; 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
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.	3
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.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	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)		Will fax in clinical information.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Patient reports diagnosed about 8to10 years ago. Previous provider deceased.; 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	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	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.	3
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PT IS HAVING WORSENING SYMPTOMS DESPITE A ROUND OF ABX; 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 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	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	2
Unknown	Disapproval	70498 Computed tomographic angiography, neck, 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 trauma or injury.; 4 months ago; There has been treatment or conservative therapy.; Dizziness/nausea upon extending neck; 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
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	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
Unknown	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
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Syncopal episodes; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; 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	Pt has had a persistent headache x 9 days prior to the visit here on 11/14/18.&#x0D; A CT Scan was ordered but was denied by the insurance. She still has the headache.; 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
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 being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non 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	; "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	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	; 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	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	5
Unknown	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	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	melanoma; "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	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
Unknown	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	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SUSPICIOUS OF LUNG 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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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
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	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
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Patient reports diagnosed about 8to10 years ago. Previous provider deceased.; 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	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	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, hips and legs, mid back, multiple joint; 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 study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING SEVERE PAIN IF HE PICKS UP SOMETHING OR RAISES HIS ARMS OVER HIS HEAD; 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
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	4
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 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been having neck pain that radiates down into arms and weakness in Upper Extremities.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has been having neck pain that radiates down into arms and weakness in Upper Extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been going to Physical Therapy and showing no improvement in Pain. We were able to get a copy of old MRI that patient had done back in January 2017 that shows Left Posterior Paracentral disc herniation at C6-7. Patient is needing a new MRI ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Muscular strength= 2 +/5 flexors, 2-/5abductors, 2-/5 external rotators 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

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, Cervical Degenerative Disc Disease, Lumbar Degenerative Disc Disease, Chronic Neck Pain, Chronic Back pain, Cervical Spondylosis, Lumbar Spondylosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Prior to 2016; It is not known if there has been any treatment or conservative therapy.; Patient has been having shooting pain, pins and needles sensation throughout spine and some numbness in limbs. Worsening Neck pain and back pain. Patient's pain doctor requires MRI before pain injections can be 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	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
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; ; 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
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 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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	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.; The 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
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had episodes of his back "giving out" in the past but it usually only lasts 2-3 days. This episode is worse. He also had an incident 8 years ago where a semi fell on him while he was working under it and he sustained trauma to his abdominal ; This study is being ordered for a neurological disorder.; 10/13/2018; There has not been any treatment or conservative therapy.; Decreased ROM of back, legs giving out, numbness and tingling of buttocks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	EThe patient complains of pain of lower back, hips and legs and multiple joints. The patient has been experiencing this pain for for a long time and can not remember when it started. He reports onset of pain was: sudden. The patient describes his pain as ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had episodes of his back "giving out" in the past but it usually only lasts 2-3 days. This episode is worse. He also had an incident 8 years ago where a semi fell on him while he was working under it and he sustained trauma to his abdominal ; This study is being ordered for a neurological disorder.; 10/13/2018; There has not been any treatment or conservative therapy.; Decreased ROM of back, legs giving out, numbness and tingling of buttocks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Patient is experiencing chronic back pain along with findings of a cyst on his kidney along with hematuria.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Post surgical with continued leg 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Shooting pain, MEDS have not worked.; 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
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.; 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.	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.; 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	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.; Weakness went from 4/5 to 3/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	History of fracture, shoulder surgery over 10 yrs ago. patient is complaining of increased pain recently, painful and limited ROM. &#x0D; Has tried PT, NSAIDs with no effectiveness.&#x0D; &#x0D; right shoulder x-ray: absence of the lateral tip of right clavicle . this m; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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 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
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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; pt pain is acute and radiates from shoulder to finger tips. patient has decrease in range of motion on the right as well as scapular pain along with crepitus to the right shoulder	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 for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	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 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
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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1
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; 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
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 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 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
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 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	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Left hip pain x 1 year, x-rays inconclusive; This is a request for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient comes to the clinic today for a yearly checkup. He states that he has 2 areas of concern. First he takes Nexium on a regular basis. States that it does not always alleviate his symptoms of heartburn. He is questioning if it is safe to continue to ; 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
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has server pain in abdomen he has had a xray that determined he had moderate amount of stool within the colon.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	QUESTIONABLE ORGAN ENLARGEMENT, QUESTIONABLE HERNIA, WORSENING AB PAIN .; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Adominal pain&#x0D; nausea&#x0D; dysuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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	c/s abdominal tenderness, cramping, diarrhea urgency; 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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has ventral hernia, abdominal swelling, abdominal pain. Patient came in previous complaining of a knot in his stomach.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Right renal hypodense lesion incompletely evaluated on this exam&#x0D; and recommend further evaluation with a postcontrast CT of the&#x0D; kidneys.; 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	74176 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.; 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.; 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
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.; It is not known if a pelvic exam was 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 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 female.; It is not known if a pelvic 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 male.; A rectal exam was not 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	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 12/4/18; It is not known if there has been any treatment or conservative therapy.; shortness of breathe, chest discomfort, abnormal EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	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.; unknown; Yes, there is Chronic Chest Pain.	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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request 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
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	Chest pain - Will get a treadmill nuclear stress test and 2-D echo cardio gram to evaluate for ischemia.&#x0D; R07.9: Chest pain, unspecified&#x0D; ELECTROCARDIOGRAM&#x0D; US, ECHOCARDIOGRAM, TRANSTHORACIC, COMPLETE, W/ COLOR FLOW&#x0D; NM, MYOCARDIAL PERFUSION SCAN - No; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ?09/15/2017&#x0D; &#x0D; Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel, and metoprolol.&#x0D; -Patient has been compl; There has been treatment or conservative therapy.; Patient has been complaining of exertional chest discomfort for the last 2-3 weeks, 5 out of 10 in intensity, no radiation.&#x0D; coronary artery disease status post PCI to RCA in 09/17&#x0D; chest pain on exertion.; asa, statin, prasugrel, and BB.&#x0D; Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel, and BB.&#x0D; I25.10: Athero; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	chest pain, states is does not happen often. Daily weakness and fatigue. Palpitations, feels heart racing. Denies any shortness of breath and edema.&#x0D; Hyperlipidemia&#x0D; Essential hypertension&#x0D; Coronary arteriosclerosis in native artery - 3 vessel&#x0D; &#x0D; Chest pa; This study is being ordered for Vascular Disease.; 09/14/2016; There has been treatment or conservative therapy.; MI; HAD MI 09/13/2016... HAD NSTEMI 09/13/2016 HAD CAD 3 VESSEL CAD&#x0D; LHC (09/14/2016) Successful multi-vessel intervention of the left anterior descending, ramus intermedius and circumflex with drug-eluting stent placement to each vessel with no residual sten; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	Patient has had elevated blood pressure, palpitations, headaches, fatigue, weight gain and generalized uneasy feeling. Patient has had SOB and fatigue for 1 week. Patient states the SOB is worsened with activity. Does feel tightness in chest and sometimes; This is a request 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	Pt is complaining with chest pains with pain going up into his neck.; 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



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	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 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
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	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 12/4/18; It is not known if there has been any treatment or conservative therapy.; shortness of breathe, chest discomfort, abnormal EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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; 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
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	Chest pain - Will get a treadmill nuclear stress test and 2-D echo cardio gram to evaluate for ischemia.&#x0D; R07.9: Chest pain, unspecified&#x0D; &#x0D; ELECTROCARDIOGRAM&#x0D; US, ECHOCARDIOGRAM, TRANSTHORACIC, COMPLETE, W/ COLOR FLOW&#x0D; NM, MYOCARDIAL PERFUSION SCAN - No; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ?09/15/2017&#x0D; &#x0D; Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel, and metoprolol.&#x0D; -Patient has been compl; There has been treatment or conservative therapy.; Patient has been complaining of exertional chest discomfort for the last 2-3 weeks, 5 out of 10 in intensity, no radiation.&#x0D; coronary artery disease status post PCI to RCA in 09/17&#x0D; chest pain on exertion.; asa, statin, prasugrel, and BB.&#x0D; Coronary arteriosclerosis in native artery - S/P NSTEMI and PTCA DES to the mid RCA. his LHC also showed approximately 50% stenosis to the LAD. Cont with current treatment of asa, statin, prasugrel, and BB.&#x0D; I25.10. Athero; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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	Pedal edema noted which she states is because she has been on her feet all day long. Gives h/o "murmur" from many years ago when she was seeing a cardiologist at NLR. No longer sees them and doesn't remember why; 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
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	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
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	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.; It is unknown if this is a request for follow up of a known murmur.	1
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	UNKNOWN; This study is 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, HTN, PALPITATIONS, 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
Urology	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
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	3
Urology	Approval	71250 Computed tomography, thorax; without contrast material	LUNG NODULEAS AND MALIGNANT SPINDLE CELL NEOPLASM; 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; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 was diagnosed with left renal adenocarcinoma and underwent left nephrectomy on 6/27/2017. 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	71250 Computed tomography, thorax; without contrast material	SEMINOMA OF TESTIS; 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	Squamous cell carcinoma with metastasis to lymph nodes: s/p excision of penile carcinoma and bilateral lymph node dissection 06/12/15.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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 underwent a right nephrectomy for a pT1b clear cell adenocarcinoma , grade 2 on 8/15/2017. 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	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
Urology	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
Urology	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.; Pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Urology	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
Urology	Approval	72192 Computed tomography, pelvis; without contrast material	PATIENT WITH ADENOCARCINOMA OF THE COLON S/P RESECTION WITH SIDMOID COLECTOMY AND REANASTOMOSIS AND PARTIAL CYSTECTOMY, MASS INVASION INTO THE DOME OF THE BLADDER; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material	penis injury; 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	PT COULD NOT TOLERATE MRI D/T CLAUSTROPHOBIA; 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	SCROTAL 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
Urology	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

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)		Bypassing clinical questions and faxing in clinical info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Bypassing clinical questions and faxing in clinical info; It is not known if there has been any treatment or conservative therapy.; Bypassing clinical questions and faxing in clinical info; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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)		PSA: &#x0D; &#x0D; 4.52 on 7.11.16&#x0D; &#x0D; 7.27 on 12.8.17&#x0D; &#x0D; 6.85 on 4.9.18&#x0D; &#x0D; 8.15 on 11.05.18&#x0D; &#x0D; 10.26 on 11.26.18; 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)		Pt needs MRI abdomen/pelvis to rule out metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		HEPATIC LESION; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
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 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
Urology	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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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		; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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		FLAN 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		HYDRONEPHROSIS, FLANK PAIN AND HISTORY OF 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		KUB on 10/08/18 with renal shadows which reflect nephrolithiasis.; This is 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Patient has high grade invasive urothelial carcinoma with muscular invasion. Has gross hematuria. Need to assess 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		Pt diagnosed with renal mass 2 weeks ago. Needs CT for initial staging probable renal cell carcinoma; This is 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		pyelonephritis and renal abscess requesting CT to evaluate. patient has continued flank pain, fever, chills and hematuria today in the office; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Referring physician performed a diagnostic laparoscopy for left sided pain which revealed a peritoneal defect and the tenting of the left ureter into the peritoneal cavity. Urologist needs further diagnostic imaging to determine extent of damage; This is a request for an abdomen-pelvis CT combination.; This study is being 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		renal cyst and calculus on previous CT.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Stage III renal cell carcinoma, on sunitinib therapy for the past couple of weeks, doing well clinically. Patient has been tolerating sunitinib therapy well.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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		surveillance after completing chemo for bladder cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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 underwent a right nephrectomy for a pT1b clear cell adenocarcinoma , grade 2 on 8/15/2017. 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	28
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	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 normal.; 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.; 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	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.; 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 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	6
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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; 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.; 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
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 a 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 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	2
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	9
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.; 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.; 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.; 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.; 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	16
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.; 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

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 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
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 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	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 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.; 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
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.; 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	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		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
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 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 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
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	178

Urology	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.; 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.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; 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	2
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Bypassing clinical questions and faxing in clinical info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Bypassing clinical questions and faxing in clinical info; It is not known if there has been any treatment or conservative therapy.; Bypassing clinical questions and faxing in clinical info; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Pt needs MRI abdomen/pelvis to rule out metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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	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."; Bilateral renal cysts	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 showed a mass in his right kidney	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."; CT (10-8-18):There is an indeterminate low-density at mildly heterogeneous 2.5 cm; lesion just above the gallbladder fossa. There is indeterminate 1.1 cm hyperdense focus at the superior right liver on image 13. The liver border is nodular; consistent w	1
Urology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	No clinical information; 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
Urology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Testicular hypofunction. Low testosterone, low FSH, and low LH it is recommended that we get a MRI of the brain to rule out any pituitary tumors that would be causing the low levels of FSH and LH which in turn bringing testosterone levels down as well.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	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	2
Urology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above unknown; 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	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary		1

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; 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	&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
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	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Following up from a previous ct 8/23/18 there were abnormal findings. seeing if there are changes. Had scrotal ultrasounds that was abnormal on the same day.; This is 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
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	right 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 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	Disapproval	74176 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	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 abnormal.; The urinalysis was positive for ketones.; 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 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 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
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 billirubin, 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 a 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	5
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.; 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	Disapproval	74176 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	4



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	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.; 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.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 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
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.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; 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.; 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
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 abnormal.; Yes this is a request for a Diagnostic CT	5
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 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
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	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 female.; A pelvic exam was performed.; The results of the exam are unknown.; 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 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
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	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.; This study is being requested for abdominal and/or pelvic pain.; The study 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
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	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









































































